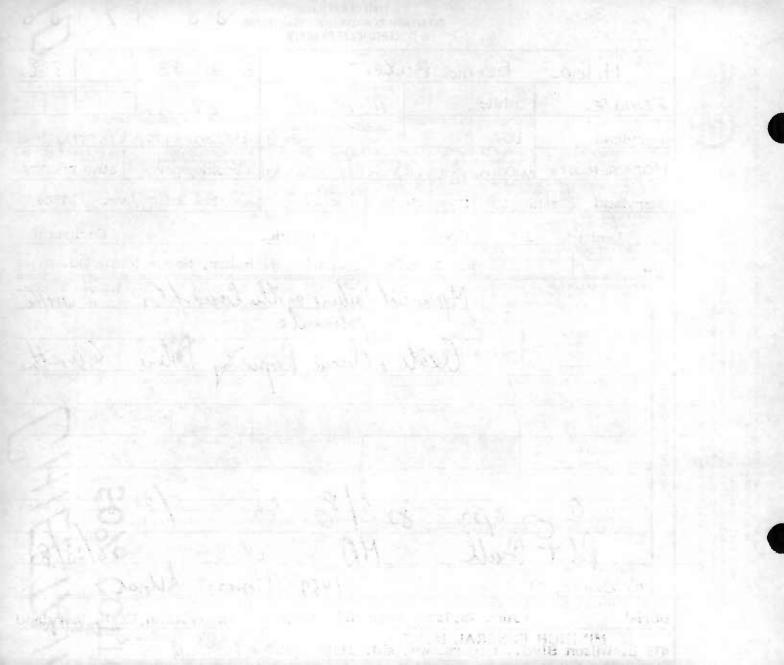
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TIMORE,	n and co		AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 527-38-2		Charles W.	Baker, Ha		Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OF PHYSICIAN THE law requires that the death certificate be executed within 24 hours	nding physicic carbon paperi , ar remaval. natic event, the		18 CAUSE OF DEATH WART I. DEATH W	AS CAUSE	D BY: E C AUSE (0)	PR AS A CONSEOU	les !	Eilers on the	u lourd	G BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
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AL RECC	t permit if permit iene pric	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206, IF YES, WERE FIN IN CERTIFYING CAUS YES	IDINGS USED SES OF DEATH? NO [
OF VIT	certificate rial-transi ental Hyg fem 18 sh		210 ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEGI	CAUSE OF DEA			AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)
NOISINION OF PHYSICAL	frer this as the bu	MEDICAL	21d. INJURY OCCUR	HILE		OF INJURY PREET, FACTORY, OFFICE, 1	FARM ETC )	21f LOCATION STREET	CITY OR TO	wn county	STATE
ATTENDI	CTOR: A I for use a of Health		saw the deceas above, (1) we) (	this hospited alive on did) (ala not	ol) attended to	he deceased from	P.J., or	d hat in (my (our) opinion d	to 6	te and haur and from	_, that i) we} last the couses stated
TAI OR	AAL DIRE detached tate Dept		226. SIGNATURE	W	Brul	L	1		MEDICAL STAF	FIAN []	13/83
O HOSPITAL	should be a with the Sta		R. Brus	AME (TYPE O	1			1459 Po	tomac &	(venue	10-
В		bυ	urial, Cremation,		June	25,1983	Rose	EMETERY OR CREMATORY Hill Cemetery	1 -10-51-1-1	own , Wash	, Mary land
	- 16 50M 4/82 /RA 15, 4)	24 FU	NERAL DIREMAN 5 E. Wilso	NICH n Blv	FUNER d., Ha	RAL HOMI gerstown	, Md.	21740 JUN	27 1983 TRAR	25 BEDISTRAIN	TATURE

STATE OF MARYLAND



STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH MIDDLE YEAR 2b. HOUR Catherine Sarah BOWERS June 26, 198 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Sept. 26, 1910 White 72 70. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Black Rock, Md. U. S. A. Washington DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housekeeper Rfd. 9 Box 273 Housekeeping 13e STREET ADDRESS CITY OR TOWN 13d. INSIDE CITY LIMITS? Hagerstown 21740 Washington Rfd. 9 Box 273 NO A 15. MOTHER'S MAIDEN NAME MIDDLE Alexander Belle Bowers Cary Troxell Rfd. 9 Box 273 16h SOCIAL SECURITY NO. 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? NOTES, NO OR UNKNOWN Mrs. Louise Shafer, Hagerstown, Md. 219-20-1590 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: minule IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES T NO [ 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY

22a. | certify that (1) (this hospital) attended the deceased fram

19

211 LOCATION

13d LOCATION

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

STREET

CITY OF TOWN

COUNTY STATE

saw the deceased alive on. above, (1) (met did) (did not) view the body after death 226 SIGNATURE

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) four opinion death occurred on the date and hour and from the causes stated

274 PHYSICIAN'S NAME THE CHIMIT

an act

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Smithsburg Crematory

Cremation BP. 24. FUNERAL DIRECTOR

CATION

FOR

- STATE

(TYPE OR PRINT)

Female

3. SEX

REGISTRAR

Hagerstown

USUAL RESIDENCE (IF

Maryland

14. FATHER'S NAME

I. DECEASED NAME

230. BURIAL, CREMATION, REMOVAL

Smithsburg. Wash. Co...

John H. Bast, Jr. Boonsboro, Md. 21713

6-27-83

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SONG

DHMH - 16 50M 4/82 (VRA 15, 4)

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Williamsport, MD 21795

- STATE

(VRA 15, 4)

Major M. Osborne

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Test as a recommendation of the second secon 

Z		FOR		E OF MARYLAND EALTH AND MENTAL HYG	ENE 8 3	170	91
	1.	STATE REGISTRAR		ICATE OF DEATH			
	1 DE	CEASED NAME FIRST	MIDDLE	ÄST	REG. NO	MONTH DAY YEAR	26 HOUR
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	3. SE	X 4. /	RACE S. DATE C		6. AGE (IN YEARS LAST BIR	IF UNDER I YEAR	IF UNDER 24 HRS
		Female		-a8-19°	63	YRS.	Milv.
977		COUNTRY)	CITIZEN OF WHAT COUNTRY? 8. MARRIE	D NEVER MARRIED		R COUNTY OF DEATH	
15	10.0	Pennsylvania	USA   WIDOW!		Washing-		OF BUSINESS OR
79	H	agerstown	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	HILL HOSO	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	
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125	130.		ington Hagerstown	13d. INSIDE CITY LIMITS? YES X NO	537 Gui	Iford Avenue	e 21740
e e	14. F/	ATHER'S NAME FIRST MIDI	DLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	1 A/	LST.
E 11		Herman D		Catherin	ne		neffler
l medicol		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		17. INFORMANT	ADDRE		
e a		No		David Carte	r, Hagersto		
<del>,</del> ŧ		18 CAUSE OF DEATH (Enter only of	one couse per fine for (a), (b), and (c).)		1	BETWEEN	ONSET AND DEATH
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Iroumatic		4/00	DUE TO, OR AS A CONSEQUENCE OF	1 1 1	1 1		
ron		Conditions, if any, which gave rise to immediate	( 1b) Myoca	and in	Jose h		
No.		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF				
or ath			(c)				
ijory,	Z	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONI	OITION GIVEN IN PART 16	O
oux a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN	NGS USED
SMS	Ę				YES T NOT	IN CERTIFYING CAUSES	NO []
8 9	E E	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
Hem /	A.	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19				
ō	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY	STATE
Borked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)				
OE S		22a.t certify that (1) (this haspital)	ottended the deceased from		, to		that (1) (we) last
21 :		saw the deceased alive on above, (1) (we) (did) (did not) v	iew the bady after death	nd that in (my) (our) opinion o	leath accurred on the do	ite and hour and from the	couses stated
If Hen	5	22b. SIGNATURE	A /	DEGREE			SIGNED
F	17	Q. H	1-ex	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN	
Z-	1	224. PHYSICIAN'S NAME (TYPE OR PR	RINT)	22e. ADDRESS			
MPORTAN		A. Waheed	, m.D.	1600 ON	K HIL A	le. HAG. M	nprnus
IMPO				EMETERY OR CREMATORY Haven Cemeter	23d LOCATION CITY OR TOWN	stown, Wash.	Ma SIAT
-							
4/82	24 1		CH FUNERAL, HOME	111110	27 1983	256 REGISTRAR SIGNA	mey
		415 E. Wilson B	Blvd., Hagerstown,	Md.217401			

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\$	1-	FOR STATE REGISTRAR		DEPARTIT		EALTH AND MENTAL HYG ICATE OF DEATH	' REG. N		0 9
1 21	1. DEG	CEASED NAME FIRST LIZET	'TA	RUTH		upka	June 22, 1983		
ê (A)	3. SE	(======================================	4. RACE		5. DATE C	)F BIRTH	6. AGE (IN YEARS LAST BIR		ER 1 YEAR IF UNDER 24
	Fe	emale	White	e	Apri	1 9 1923 YEAR	60 YRS. HOU		
rerol H n 72 lo		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	XNEVER MARRIED	9. BALTIMORE CITY O	ATH	
offer de off	10. CI	TY OR TOWN OF DEATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST C Clerk	ION 12b.	KIND OF BUSINESS
hin 24 hours ly filled in by should be fill ner must be n	USUA	INCOCK AL RESIDENCE (IF NURSING HOME OF TATE   136. COU	OR OTHER INSTITUTION	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS Rt. #1	217	
mpletely to and 2 sho		THER'S NAME FIRST	MIDDLE L	Spiker		IS MOTHER'S MAIDEN NA			shop
Pages I o		AS DECEASED EVER IN U.S. A		166. SOCIAL SECU 219 18 2	RITY NO.	17 INFORMANT Paul Chalupk	ADDRE		-
nat the death certificate by the ottending physici sse remove carbon paper , cremation, ar removal.		I8 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stofing the	DUE TO, C	Phuphi Atheno	eral selle	vascul	ay Dese	au De	APPROXIMATE INTERVA
been signed mit. Then plec prior to buriol ony injury, or	CERTIFICATION	underlying couse lost.	(c)CONDITIONS C	CONTRIBUTING TO DEA			IN CER		PART 1(a)  E FINDINGS USED CAUSES OF DEATH
PHYSICIAN: The It ending physician. This certificate has the burial-transit per and Mental Hygiene d or them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A	OF INJURY I.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	YES NO	YES THE TEM 18 PART 1 OR	
DING PHYS or offendin After this se as the bu o'ith and Me morked ar I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F.	ARM ETC )	21f. LOCATION STREET	CITY OR TO	)WN CC	DUNTY STA
TENDI or USE or USE of Heol		220.1 certify that (1) (this has sow the deceased of above, (1) (we) (did) (dis a	0	19		nd that in (my) (our) opinion	deoth occurred on the d	ote and hour and f	rom the causes state
T d f G		778. SIGNATURE	11	٨		DEGREE	MEDICAL _ STA	27	. DATE SIGNED
TAL OR AT by the hosp RAL DIRECT detached for state Dept. o		Call	M	4)		PHYSICIAN	PHYSIC		1/22/5
by the		22d. PHYSIC AN'S MAINE (TYPE	darrut)	<u>v)</u>		PHYSICIAN P 22e. ADDRESS 1825 Howell	Rd. Hager		0/22/5 0. 21740
HOSPITAL med by th FUNERAL uld be deto of the Stote ORTANT; the Stote of the Stote	_ (	22d. PHYSIC AN'S MAINE (TYPE	hak, M.D	23€. №		PHYSICIAN 22e. ADDRESS	Rd. Hager	estown, M	ITY STAT

STATE OF MARYLAND e. Vis. A de bio sal. Commence with a wide warmen day Commen FOR

REGISTRAR

- STATE

INDUSTRY Education 21795 Detrow (item13 above) BETWEEN CHIEF AND RMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and must in (my) (our) opinion death occurred on the date and hour and from the causes stated June 7.1983 Greenlawn Mem. Park Burial WilliamsportWashingtonMaryland 24 FUNERAL DIRECTOR 250, DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Major M.Osborne Williamsport.MD (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

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FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	1/095
moy be poge 3 er deoth		CEASED NAME FIRST BETT	Jean (	CORDELL	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 5 2 AM
od other d	3. SE	F	4. RACE Shite	DATE OF BIRTH  S-17-1927	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
(M)	P	RTHPLACE ISTATE OR FOREIGN COUNTRY ENN'S ylvania	U.S.A.	MARRIED A NEVER MARRIED DIVORCED DIVORCED		nington MD.
filed w	Н	agerstown	11. NAME OF HOSPITAL, NURSING Washington Coul	nty Hospital	(TYPE OF WORK FOR MOST OF WORK Secretary	
ed blund be	<sup>13</sup> M	aryland Was	Tington Williamspo	ert   13d. INSIDE CITY LIMITS?	Rt. 2, Box	21795 115 2411 Miner A
2 2 and 2 s		T. Richa			E. MIDDLE	Brand
s. Poges e medicol		VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN)  NO	MED FORCES? 16b. SOCIAL SECURIT		Cordell, Willian	nsport, Maryland  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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th ond M orked or	MEDICAL	WHILE OCCURRED  WHILE NOT WHILE OF AT WORK	216. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM	A, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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should be deto with the Stote [		22d. PHYSICIAN'S NAME (TYPE O ATBOW)	L Withelepa		OK HILL. A	VE. HAY-N
10.00		urial, Cremation, Removal burial	June 14,1983 Li	me of cemetery or crematory ncoln Cemetery	Chambersby	ırg, Pennsylvania
50M 4/82 5, 4)	24 F	5 E. Wilson Blvd	CH FUNERAL HOLD CO., Hagerstown, Ma	ME ryland 21740	TE REC'D. BY REGISTRAR OR	EGISTRAR'S SIGNATURE

STATE OF MARYLAND

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				STATE OF MARTLAND	0 7 1	7 7 7 1
	1-	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	Files and the second	1096
	1 DEC	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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	0.051	MARY	/ K	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER WHES
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To no	. w. w.	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
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De C	10. CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN JIFWOT IN SUCH PACILITY, GIVE/STREET</li> </ol>	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  ETYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
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of Che	USU/ 134, S	TATE / IS NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BY ORE	ASMISSION) 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	01746
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ico		AS DECEASED EVER IN U.S. AR		RITY NO. 17 NEORMANT	ADDRESS 92	5 Mulbeery A
medicol	(,	(IF YES, GIVE	E WAR OR DATES) 215 10	9741 Kobert 3	COSCNS HAGER	estrown Ma
‡		18. CAUSE OF DEATH (Enter on	ly one couse per lyre for (a), (b), and	licu) / /	C	APPROXIMATE METEVAL BETWEEN COMET AND DEADS
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		1579 MMEDIAI	E CAUSE (0)			
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morked of		AT WORK - AT WORK -	In the deal (he deserted from	6/1 10 1	6/24	19 13, the (IV(we) lost
0	3		tol) attended the deceased from	and that in (my) (our) apinio	n death accurred on the date and hou	
m 21		saw the deceased alive a abave, (1) (we) (did) (did no 22b. SIGNATURE	view the Vody after death.	3 '	The state of the s	22c. DATE SIGNED
H Hem		IZE SIGNATURA	-10.11	DEGREE	_ MEDICAL _ STAFF _	6/12/02
<u> </u>		Robert	Full	PHYSICIAN DRESS	DIRECTOR   PHYSICIAN	10/1/83
IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE O	PRINT) D. 11	ADDRESS LC	D+ 1.	-
Od /		Modero	Drull .	1759	rollinge Al	RINUE
\$	23o. B	URIAL, CREMATION, REMOVAL	23b. DATE	AME OF CEMETERY OR CREMATORY	23d LOCATION A	counts M / state
	X	SURIAL.	6-28-82	ose thill conde	eg Habbesteal	0 /600
4/82	24. FU	INERAL DIRECTOR	113051	topnoc y Ba D	AT REC DANNEGISTRARITH REGIST	RAR S MORNING
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STANKS WINTER AND STANKS the samuel that the street duck to see I a Some of the Control Mary E. Zenthery 

4	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	EALTH AND A	MENTAL HYG	REG. NO.	70	9 7	
oy be egs 3 deoth	(TYPE	OR PRINT)	man		Wilson	2	avrs		20. DATE OF DEATH MONTH	3-83	2b. HOUR  M  #F UNDER 24 HRS	
_ (M)	3. SE	male	w	hite		S. DATE C	DAY Z	YEAR	81 YRS.	MONTHS DATS	HOURS MIN.	
1 185		RTHPLACE (STATE OR FOREI COUNTRY)  arvland	iGN 7b. €	USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER M	ARRIED O	Washington	/ OF DEATH	MD.	
by the the files of the files o	На	TY OF TOWN OF DEATH	W	ashin	HOSPITAL, NURSIN H FACILITY, GIVE STREET A G ton Cou	nty h	R OTHER INST lospital		TYPE OF WORK FOR MOST OF WORKING LIFE) INDU		ind of Business or stry ab company	
AND 212 n 24 hour filled in nould be i			HOME OR OTHE COUNTY ashin		136. CITY OR TOWN Hagersto		13d. INSIDE CI		130. STREET ADDRESS 932 Pope Ave	enue	21740	
MARYL, ed within ampletely and 2 sk	14. FA	Otho	WIDDL	LE.	Davis		15. MOTHER'S	FIRST	WE	Me	t z	
on and co	(	VAS DECEASED EVER IN ( YES, NO OR UNKNOWN) (II	U.S. ARMED FYES, GIVE WAR		166 SOCIAL SECU	RITY NO.	17. INFORMA		ADDRESS Ivis, Hagerstown			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician and completely filled in by stream certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbonopapers. Pages 1 and 2 should be fill than Amental Hygiene prior to buriol, cremation, ar removal.  On the stown any injury, or other traumatic event, the medical statuiner must be not a stream or the stown and injury, or other traumatic event, the medical statuiner must be not a stream or the stown and injury.	NO	Conditions, if any, what gave rise to immedicause (o), stating underlying cause I	CAUSED BY MEDIATE CA	DUE TO, O  (b)  DUE TO, O	R AS A CONSEQUE	NCE OF		l	Komra	6000	KIMATE INTERVAL ONSET AND DEATH	
he law range. has been permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	7	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	IN CERTI	S, WERE FINDI FYING CAUSES ES		
PHYSICIAN: T rending physici this certificate he bunol-transin and Mental Hygin ed or frem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHY MEDICAL B 21d. INJURY OCCURRED WHILE NOT WHILE	SE OF DEATH	21e. PLACE		19	21c. HOW IN		RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	STATE	
DIV OR ATTENDING e haspital or or to DRECTOR, after ched for use as to Dept. of Health a		27a. I certify that (1) (this saw the deceased cobove, (1) (we) (did) 22b. SIGNATURE	is hospital) (			3	DEGREE	, 19 79 (aur) apinion	, to 27 death accurred on the date and har	or and from the	that (1) (we) last causes stated ESIGNED	
TO HOSPITAL retoined by th TO FUNERAL should be dete with the State	22-1	774 PHYSICIAN'S NAME	3. (6	25	14.2	AME OF C	22e. ADDRES	3 Va	PHYSICIAN DE PHYSI	pretor	26, Mg	
BP	k	SURIAL, CREMATION, REA Ourial	J		27,1983	Cedar	Lawn	Mem.Pa	ark Hägerstown			
DHMH - 16 50M 4/82 (VRA 15, 4)		JNERAL DIRECTOR NAME  5 F. Wilson			UNERAL gerstown			jû jû	N 2 8 1983 John	2 Co	ancel	

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DHMH - 16 50M 1/81 (VRA 15, 4)

				STATE OF M.	ARYLAND	0 7	17 1	0 8
	1.	FOR STATE	DEPAR	TMENT OF HEALTH		SIENE O O	1 / 0	10
		REGISTRAR		CERTIFICATE	OF DEATH	REG. N	0.	
		CEASED NAME FIRST	MIDDLE	) LAST	,		MONTH DAY YEAR	2b. HOUR
-4	(TYPE	ORPRINT) Cara		Woodoch	5-		6 27 83	635 P
	3. SE	× 0 0	4 RACE	5 DATE OF BIRTH	<u> </u>	6. AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
				нтиом	DAY YEAR		MONTHS BAYS	HOURS MIN.
	-	Male	White	Oct. 2	1 1952	30	YRS.	
24	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED N	EVER MARRIED	A BALTIMORE CITY O	OR COUNTY OF DEATH	
11		aryland	U.S.A.	WIDOWED	DIVORCED [	Washingt	on County	MD.
W.	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		RINSTITUTION	12a USUAL OCCUPATI		OF BUSINESS OR
17	Ha	agerstown		County H	ospital	Furnifur		ninist
-	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)		47-	- 1	212/10
(2)	1	aryland Wash			SIDE CITY LIMITS?	13e STREET ADDRESS	ranklin St	11/70
		ATTYLANU (WAS)	ington Hager		THER'S MAIDEN NA		rankiin o	9.0
11		FIRST	MIDDLE		FIRST	MIDDLE		AST
11			erwood Dobs		nabelle	Naomi	McCoy	
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC	EURITY NO. 17 INF	ORMANT	ADDRE		
10	_1	No	217-58	-3739 Le	ysa J. D	obson Sam	e as #13	
		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b),	and (c).)	Λ .		APPROX BETWEEN	XIMATE INTERVAL
	-	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a) Well	ieman t	lymst	ma	21	months
		2000						
		Conditions, if ony, which	DUE TO, OR AS A CONSEO	UENCE OF				
		gove rise to immediate	(b)					
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF				
	-13		(c)					
	z	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	(a)
	CERTIFICATION							
9	CA	190. DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDI	INGS USED S OF DEATH?
/	TIF					YES NO	YES	NO 🗌
1	CE	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HO	OW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	TALLES TO THE
7	AL	OR CONTRIBUTING CAUSE OF DEA	1111	19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LC	CATION	CITY OR TO	WN COUNTY	
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC )	STREET	CITYORIO	WN COUNTY	STATE
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		sow the deceased alive on			n (my) (aur) apinion		ate and haur and from the	
		above, (I) (we) (did) (did na	it) view the bady ofter death.	DEGREE				
		T	1 1/2 /	DEGREE	ATTENDING	MEDICAL _ STAF		ESIGNED
		Vieley.	7 cary	MI	> PHYSICIAN	DIRECTOR PHYSIC		21183
/	100	220 PHYSICIAN'S NAME (TYPE O	1 10	22e. Al	DDRESS	11 4 0		
/		trederic	1+. Lass	111	825 4	well Rd	1 togers to	and cu
	23a. 8	BURIAL, CREMATION, REMOVAL		NAME OF CEMETER	Y OR CREMATORY	23d LOCATION	0	
	(	SPECIFY) Burial	6-29-83 C	edar Law	n Mem. P	k Hagerst	own Wash.	Md. STATE
	24. FL	JNERAL DIRECTOR		otomac S		E REC'D. BY REGISTRAR		DIRE . A
1	C	erald N. Minr	nich Hagersto		1 111	L <b>5 198</b> 3	John John	shelf
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO.

FOR

- STATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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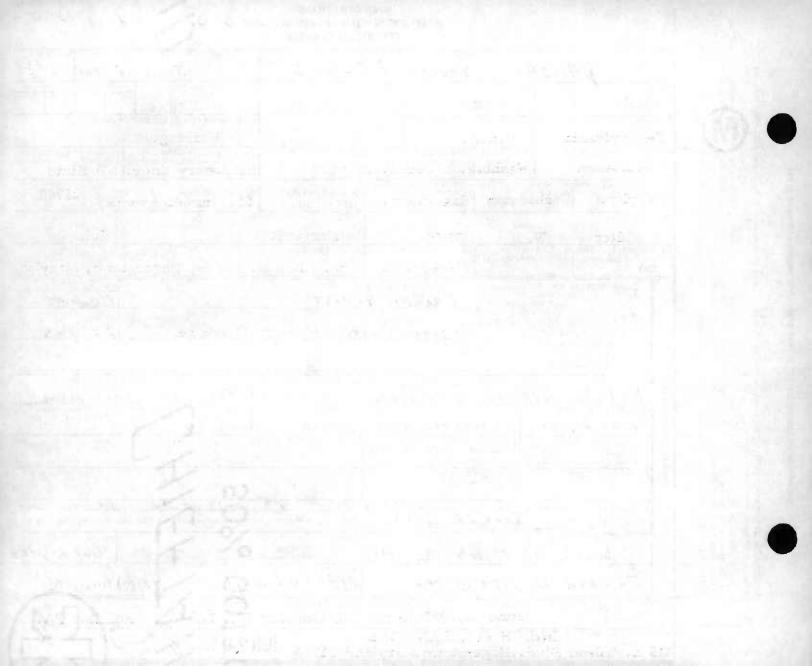
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AND PROPERTY.		oreign country)			U.S.A. WIDOWED DIVORCED Washington							_				
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\$5°#8/1	11101	Hagers		N d S 11 1 1				oriar					0020			
D. 21201 F ANY DEA PARD 310 SHOULD BE VL RECORDS.		STATE Md.	113b. COL		13. CITY OR TOWN Hagerstown			13d INSIDE CITY LIMITS? 13e STREET ADDRESS ACT		tna Ro	a Rd, 21740					
O TOWN	14.1	ATHER'S NAM	E			1		15. MOTHER'S MAIDEN NAME					AAFT			
ESTH ESTH	)	Ignatiu	s	S. MIDDLE	Dr	Drury Jr.		Catherine M. Mode Mc					Carney			
A DANGE	16a.	WAS DECEASE	DEVER IN U.S.	ARMED FORCES?	16b. SO	166. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS								
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH FEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3, TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT: PAGES 1 AND 29 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OEATH.		YES, NO, OR UNKNO		-1964	219-	-44-4766	5	Mr. I	gnatic	is S.	Drury	Jr., F	r., Hagerstown, M			
# % % % % \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		18 CAUSE C	F DEATH (Enter	only one cause per lin	e for (a), (b	), and (c).)				Jews		1 1 2 2 2	APPRO BETWEEN	NIMATE IN	ND DEATH	
PRESTON ST., ITHIN 24 HOUF CILL IN ITEM 18 VER ALONG W ANSIT PERMIT AL HYGIENE, D REMOVAL.			EATH WAS CAU	IATE CAUSE (a) RI	upture	ed sacci	lar	aneury	sm of	Circl	e of W	lillis				
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AL I	/   5	198. CONDITION FOR WHICH OPERATION WAS PERFORMED?														
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NA A A A A	/	EXAMINER'S	NAME Th	omas D. Sn	nith.	M.D.	4		III P	enn St	. Bal	1to., N	AD.			
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(VRA 15, 4)

STATE OF MARYLAND



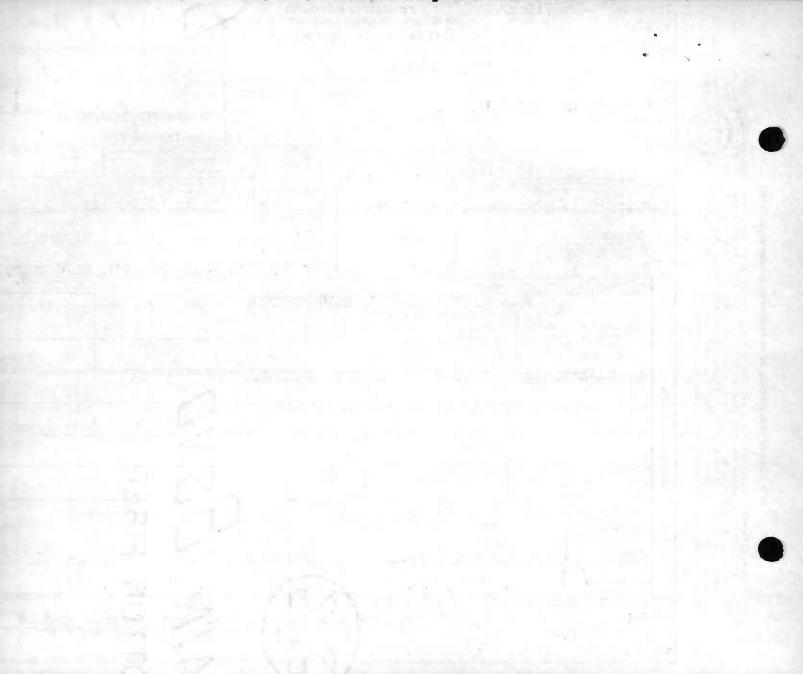
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STATE OF MARYLAND

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1		stown	/ Wa	shingto	on Co. Hos	p.				ING LIFE)			-
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160.	James WAS DECEAS	SED EVER IN U.S	S. ARMED F	ORCES?	Fox	ITY NO.	Tamn	ny		ADDRESS		Wing	ert
1 1	ES, NO, OR UNK	NOWN) (IF YES	S, GIVE WAR OR				Doroth	y Fox	, Rt.1,	Boy	1127	Smith	shura
	18. CAUSE	OF DEATH (Ent	ter only one	couse per line	for (a), (b), and (c).)		Dorott	IY I OX	, 116.1,	DUX	947	APPROXIM	TATE VE CHAL
	PARTIE	DEATH WAS CA	AUSEĎ BY: EDIATE CAU	Sı	udden Infa	nt Dea	th Synd	rome				BETWEENO	NSET AND DEATH
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		ons, if any, v		(b)									
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20M 4/82



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## STATE OF MARYLAND

	DEPART		EALTH AND MENTAL HYC		G. NO.	1	1	0	
,	AIDDLE		AST	20. DATE OF DEA		DAY Y	EAR :	26 HOU	P.
an_	_		ver	6	141	1983		12	40
4. RACE White	9	May May		6. AGE (IN YEARS A	AST BIRTHDAY)* YRS			HOURS	MIN.
76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CI	TY OR COUN	TY OF DEA	TH		М
Washing	ton Cour	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCU	JPATION NOST OF WORKING	LIFE) INDU		BUSINE:	
OTHER INSTITUTION. ITY Ington	13c, CITY OR TOV		13d. INSIDE CITY LIMITS?	130. STREET ADDR	Keldin	Dr.	171	5	
MIDDLE C +	Gaver	•	15. MOTHER'S MAIDEN NA	nce			Flo		
MED FORCES? E WAR OR DATES)	212-38-		Mrs. Bessie	A	Boons	boro,	Md.	21	
Iy ane cause per D BY: E CAUSE (a)  OUE TO, OI  DUE TO, OI	Acute	ogen	yocarded note hear	K Linfa L disea	ictio	1	dan	rs p	DEATH
19b. CONDI	Med TION FOR WHICH	Letter OPERATION	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR	20a AUTOPSY?  YES NO RED (ENTER NATURE O	20b. IF Y	ES, WERE FIFYING CA	INDING JUSES C		
21e. PLACE	M.	AY YEAR 19 FARM, ETC.)	21f. LOCATION STREET	CITY	ORTOWN	COUN	4TY	51	TATE
tol) ottended the	deceosed from 19_	∠-/ 83.0n	2 . 19 8 and that in (my) (our) opinion	death occurred on	the date and h		m the co		
S X X	000		ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL DIRECTOR P	STAFF HYSICIAN []	120.	DATE S	GNED 4-8	3
1400	d		Hage		527				
23b. DATE 6-16-			emetery or crematory oro Cemetery	Boons		wash.	Co.	, Mo	i.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

24. FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

FOR - STATE REGISTRAR 1. DECEASED NAME

70. BIRTHPLACE (STATE OR FOREIGN

Edgar

Hagerstown

14. FATHER'S NAME

NO OF UNKNOWN)

Frederick Co., Md 10. CITY OR TOWN OF DEATH

USUAL RESIDENCE | IF NURSING HOME OR OTHER INS 130. STATE Maryland 13b. COUNTY Washingt

160 WAS DECEASED EVER IN U.S. ARMED FOR

Conditions, if ony, which gove rise to immediate couse (a), stating the

underlying cause

90. DATE OF OPERATION

226. SIGNATURE

Burial

22d. PHYSICIAN'S NAME

230. BURIAL, CREMATION, REMOVAL

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE 22a.1 certify that (1) (this hospital) atter

18. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY:

PART 2. OTHER SIGNIFICANT CONDITION

3. SEX Male

FIRST erman

C.

(IF YES, GIVE WAR OR I

IMMEDIATE CAUSE

John H. Bast, Jr.

ADDRESS Boonsboro, Md. 21713

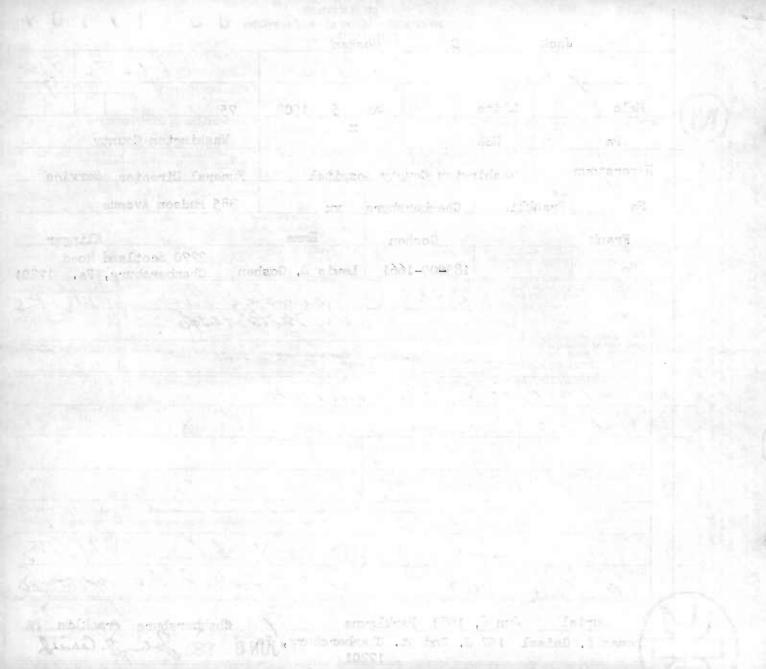
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1601 Pennsylvania Ave. Hagerstown.Md

(VRA 15, 4)

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		TATE		ME	DICAL EX	AMINE	R'S CERT	IFICATE O	F DEA	TH ,	REG. NO.		0
		EASED NAME OR PRINT)	FIRST	EL	MIDDLE	4	GRIMI	ES	.2	OF ES	TI-	4/ 00	9:05 9:05
DS, 201 W. PRESTON STREET,	SEX	male	White	5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST SIRTHDAY) 89 YRS	MONTHS DA	YR. IF UNDER		C. DATE RONOUNCED DEAD	JUNE	16 <sub>19</sub> 83	
3-17		THPLACE (STA	ATE OR	76. CITIZEN OF W		Y? 8	MARRIED [	NEVER MARR	IED 📙		CITY OR COUN	TY OF DEATH	
110		Y OR TOWN O	OF DEATH	11. NAME OF HO	SPITAL, NURSI ACILITY, GIVE STREE I ton Cou	NG HOME.	OR OTHER INS	MOITUTION	12a USU		ON (TYPE OF WORK	126. KIND OF E OR INDUS	BUSINESS STRY
13	3a ST	RESIDENCE (	IF IN NURSING HOME OF	OTHER INSTITUTION G	13c. CITY OF	ORE ADMISSION	1 13d. IN	SIDE CITY LIMITS?	13e. STREI	et address . Vermo	nt St.	21795	
	R	THER'S NAME FIRST		MIDDLE	Houp	t		OTHER'S MAIDE	EN NAME	MIDDLE		Brewer	
"	6a. W {YE:	no, or unknov		VAR OR DATES)	- 218-0	1 SECURITY 1 1 1 - 657		oger T.G	Grimes		Box # 26	MD 2179	5
		18 CAUSE OF PART I DE	DEATH (Enter ani) ATH WAS CAUSED IMMEDIAT	y one cause per line BY: #5 E CAUSE (o)			RIC ART	ERY THR	OMBOS	18	Y D	APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
- X		gave rise	s, if any, which to immediate stating the <u>under-</u> e last.	(b)	r as a conse								
	NO		NIFICANT CONDITIONS C		•	TO THE TERMINA	AL OISEASE OR CO	NOITION GIVEN IN PA	RT 1 (a),				Mary .
	CERTIFICATION	19a DATE OF	OPERATION	196 COND	ITION FOR WH	IICH OPERA	TION WAS PE	RFORMED?				20 AUTOPS	NO <b>X</b>
	CAL CER		OR IG 🔀 CAUSE OF D		M. MONTH D		FELL	FROM CH		ATURE OF INJURY IN	NITEM 18 PART 1 OR P	ART 2)	
	MEDICAL	214 INJURY O WHILE AT WORK	NOT WHILE AT WORK	STREET FAC	OF INJURY ( ETORY, FARM, ETC.)	AT HOME,	11 S.		ST.,	CITY OR TOWN	AMSPORT,	WASH.,	STATE MD.
		22a I certify deoth resulte ACTUAL	y that I took chorge	of the remains de	Accident C	held on Suici	TI	Inspection  domicide  TLE (SPECIFY)  JEPUTY	Undeter	Inquiry I		JUNE 1	8.1983
		SIGNATURE EXAMINER'S N (TYPE OR PRIN	HAME EDWAR	D W. DIT	TO, 111	, M.D.	M.D	HAGE	WEST		STON STR YLAND 21	EET	,,,,,
	30.BU (SP	RIAL, CREMAT	rial COR	June 19,1	983 Riv	vervie	ETERY OR CRE	MATORY	Will 22 9		ctWashir REGISTRAR'S		state 'y land
))		NERAL DIRECT	.Osborne	ADDRES				3 UF HTE	2219	B3	A. REGISTRAR'S	STATURE	1

Sand stol T ...... DISTRUCTION CHATTAGES - VICE CONTRACTOR the second of th TITARD HOTEL LIST IN EART SHULL MAN TO THE SECOND THENT OF TRUING AS THE ST ATEN TO MY HARVEN AND STREET

STATE OF MARYLAND

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STATE OF MARYLAND

O G RESIDENCE PROPERTY. رال الله الله المناه المسينة المسينة المسينة الم

Comberland. Md.

FOR

24 FUNERAL DIRECTOR

James F. Scarpelli.

DHMH - 16 50M 1/B1

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The state of the second second

FOR

- STATE

REGISTRAR

Washington County LITYPE OF WORK FOR MOST OF WORKING LIFFT Electric 616 Potomac Avenue Powers C. Hallig an Same as IG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LICE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE \_\_\_, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED Rest Haven Cemetery Hagerstown Wash. 24 FUNERAL DIRECTOR 305 N. Potomac St. DHMH - 16 50M 1/B1 (VRA 15. 4) Minnich Hagerstown, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26. HOUR

IF UNDER 1 YEAR

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~			REGISTRAR		MED	DICALE	XAMIN	ER'S C	ERTIFICAT	E OF DE	ATH RE	G. NO.			
			CEASED NAME OR PRINT)	FIRST	ALCOHOL: N	MIDDLE			LAST		20. DATE KNOW		H DAY	YEAR	26 HOUR
	Makign	, , , ,	(	Clevela	nd J	ames		Han	rgett		OF EST	D R Tu	ne 121	9.53	3 P M
	A HEAD	3. SEX		4. RACE	5. DATE OF BIRTH	We so	AGE (IN YEA	RS IF UN	DER 1 YR. IF U	NDER 24 HRS		MONTH		YEAR	2d HOUR
	N N N N N N N N N N N N N N N N N N N	Ma	le	White	May 22,	1922	61 YR	71101111	S DAYS HOU	RS MIN	PRONOUNCED DEAD	June	14,	1985	700 M
	PRESTO	7a. 81	RTHPLACE (ST	ATE OR	76. CITIZEN OF WH		RY?	8. MAPPI	ED NEVER A	AAPRIED	9. BALTIMORE	ITY OR COU			
	PART TO	Ma	rvland	i	U.S.A.			WIDOW	ED X DIV	ORCED	Washin	gton			MD
	S # S B B B B B B B B B B B B B B B B B	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NUR	SING HOME	OR OTH	ER INSTITUTION	12a U.S	SUAL OCCUPATIO	N (TYPE OF WORK	12b KINE OR I	D OF BUS	SINESS Y
	SEASOR	На	gerst	own	67 East	Fra	nklin			Pl	umber		Plur	mbir	ng
5	2000年	USUA La. Si		IF IN NURSING HOME (	OR OTHER INSTITUTION, GIV		OR TOWN	N)	13d. INSIDE CITY LIM	1757   13e ST	REET ADDRESS			7.700	
21201	る器理器の	Ma	ryland	l Was	hington	Hag	ersto	wn	YES X NO	□ 67	East Fr	ankli	n_St	. 21	1740
Å.	T NEW Y	14. FA	THER'S NAME		WIDDLE	1	AST		15 MOTHER'S A	AAIDEN NAM	E MIDDLE		LA	AST	
E,	EAST SEE	Jo	hn		L.	H	arget	t	Esthe	r	Mae		Buzz		1
MO	N O N	16a. W	AS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCI	AL SECURITY	NO.	17. INFORMANT		1075 AD	DRESS	tna I	50	m 1 %
BALTIMORE, MD.	JRS AFTER WITH FOR WITH FOR DIVISION	Ye			II	213	-16-6	855	Paul H	arget	tHagers	town.	Md	2174	10
	S W S		18. CAUSE O	DEATH (Enter on	ly one couse per line	for (o), (b),	and (c).)				1111		APPE	ROXIMATE!	INTERVAL AND DEATH
N N	24 HOUR ITEM 18 LONG V PERMIT SIENE, VAL.		PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (o)	Alcoh	0/1	-uto	xication	V4 - B	teute +	AL SAN		oars	
STO	A A LO	P	303		DUE TO, OR	AS A CONS	EQUENCE C	)F	cla	0.1	- # 3	0.3			
84	A A NS			s, if any, which e to immediate					cui	-oule		, ,			
` ≥	ON THE PER W		cause (a)	stating the under-		AS A CONS	EQUENCE	)F	ENAN						
201	ON WALE		lying cou	se last.	(c)					V					MI
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	HOULD BE EXECUTED WITHIN 24 HOL RD "PENDING" IN PENCIL IN ITEM 11 HIEF MEDICAL EXAMINER ALONG: USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	UT NOT RELAT	ED TO THE TERMI	NAL DISEASE	DR CONDITION GIVEN	IN PART 1 (a)			100		
0	D BE EXE ENDING MEDICA AS A BU CREMAT	CERTIFICATION	H		clarotic					Di 2201.	2		yeo	21-5	
2	A HE ST	S.	190. DATE OF	OPERATION	19b. CONDIT	ION FOR W	HICH OPER	W NOITA	AS PERFORMED?			II A STATE	20 AU	TOPSY?	- 1
TIV.	3888 1 5 8 7 F	E	Lordon -			3000				100				s 🗆	NO K
0	A PATE WEN WEN WEN BEN BEN BEN BEN BEN BEN BEN BEN BEN B		210. EXTERNA UNDERLYING	CAUSE WAS	116 TIME OF HOUR A.M.		DAY YEAR	21c. HC	OW INJURY OCC	URRED (ENTE	R NATURE OF INJURY IN	TEM 18 PART 1 OR I	PART 2)		
N O	SE CONTRO	N S	CONTRIBUTION	IG CAUSE OF	DEATH P.M.		19								
N SIS	PRINCERT 3 SF	MEDICAL	21d INJURY C	CCURRED	21e PLACE C	F INJURY			CATION		CITY OR TOWN		OUNTY		STATE
۵	WRI WRI ARE AGE 1201	_	AT WORK	NOT WHILE [											
	NNER: THIS CERTIFICATE SHOUD FICATE, WRITING THE WORD." F. FORWARDED TO THE CHIEF CTOR: PAGE 3 SHOULD BE USE! THE STATE DEFARMENT OF HATHESTATE DEFARMENT OF HAND, 21201 PRIOR TO BURRAL				ge of the remains desc	ribed abov	e, held on	Autop	sy 🔲, Insp	ection .	Inquiry .	ond in my	apinian		TOTAL
	AND HE HAD THE MAN	197	death resulte			Accident		cide	, Hamicide [		etermined manner				
	KAA IID E WITI			0	0 0				TITLE (SPECIF	Y)					
	A HOUSE		ACTUAL SIGNATURE_	Colwand	wed	HO	TIT	M	Do Dux	✓ ME	DICAL EXAMINER	DATI	NED JULI	e 16	,1983
	NOR!														
	A DE SE		(TYPE OR PRIN	J-dwa	rd W. C	itto	TIL MI	2	ADDRESS 2/7	W. Was	4. St-No	19925to	WILL ?	42	1/40
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		JRIAL, CREMAT	ION, REMOVAL	23b DATE	23c. N	AME OF CEA	AETERY O	RCREMATORY	23d. L	OCATION Y OR TOWN	ce	YTAUC	STA	ATE
	BP	Bu	rial		6/17/83		st Ha	ven		На	gerstow	n Wa		Mo	
	DHMH - 17	Řě	SEAL HES	en Fun	eral Cha	pel.	Inc.		25e. D			REGISTRAR'S	SIGNATU	RE	£ 5 3
	(VR A15 ME (5))	116	01 Per	nsvlva	nia Ave.	Hag	ersto	ъ <b>л</b> о .	Md.	JUN 2	O 1983	my	- lah	ula	

4	1-	FOR STATE REGISTRAR		N		STATI MENT OF H EXAMINE	EALTH		NTAL H		, ,	REG. N	1 7	1	1 6
S 5.5.5.8 F	(TV	CEASED NAM PE OR PRINT)	Johr	1	Antho	ny	H	IARR	IS	2	OF	NOWN ESTI-	MONTH JUNE	16 <sub>19</sub> 8	
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. MITHIN 72 HOURS MI DESCROW STEET	3 SE	X	4. RACE			6. AGE (IN YEAR LAST BIRTHDAY	S IF UND		IF UNDER	24 HRS. 2	RONOUNG	CED L	MONTH	16 P	3 7:00
ARY COUNTY NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	ma	ile	white	Oct. 16		47 YRS		5			DEAD		JNE	16 1,8	211
LESS.	235 70. B	IRTHPLACE (S		76. CITIZEN OF	WHAT COUN			D NEV		ED 📖 📗	. BALTIMO		OR COUNT		н
N S W	Ma	aryland		USA	OCDITAL MILI	RSING HOME,	WIDOWE		DIVORCE		AL OCCUPA		ningto		MD.
	1-7/H	agersto	wn	Washin	gton C	ounty h	Hospi				OST OF WORK		PE OF WORK	Reed	Ind.
1201	35 130. S	AL RESIDENCE STATE aryland	(IF IN NURSING HOME 136 COUL Wash		13c. CITY	OR TOWN	1	13d. INSIDE CIT	TY LIMITS?	13e. STRE	ET ADDRES		nit_Av	/e	21740
EATH. II ES 1, 2, NPM 2, NND 2 S	ZII ILF	ATHER'S NAM	E	MIDDLE W.		Harris			R'S MAIDE	NAME	MIC	DOLE		Whis	tner
AFTER DI AFTER DI VE PAG I FORM (GES 1-4	16a.	WAS DECEASE (ES, NO, OR UNKN	DEVER IN U.S. AL	RMED FORCES? E WAR OR DATES)		- 32-5619		7 INFORM	TAANT	e Hai	rris.	Hage	s erstow	10.	
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF STRING THE WORD "PENDING" IN PENCIL IN 176M 18. GIVE PAGES 1, 2, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. EX 3 SHOULD BE USED AS A BURNALL-TRANSIT PREMIT PAGES. LAND 2, 3, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	MATION, OR REMOV	gave r cause (a lying ca	ons, if any, which ise to immediat a) stating the <u>under</u> use last.	(c)	OR AS A CON	ASEQUENCE OF	F 1	OR CONDITION	I GIVEN IN PAR	IT I to					
VITAL RECONSTRUCTOR BE SHOULD BE OND "PENU	CERTIFICATION	190. DATE O	FOPERATION	196 COM	NDITION FOR	WHICH OPERA	TION WA	S PERFORA	MED?			7		20 AUTO	
VISION OF VITA CERTIFICATE SHO FING THE WORD DED TO THE CHILD STANDING BE US	OR TO BURIAL DAL CERTIFICA	UNDERLYIN	AL CAUSE WAS	HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HO	W INJURY	OCCURRE	D (ENTER N	ATURE OF INJU	RY IN ITEM 18	PART I OR PAR	YES	□ NO 🖄
DIVISION THIS CERTING WARTING VARGE 3 SH	MEDICAL	21d INJURY WHILE AT WORK	OCCURRED  NOT WHILE AT WORK		CE OF INJURY FACTORY, FARM, E		21f. LOC	ATION			CITY OR TOW	N	COU	INTY	STATE
DIVISION OF VI  TO MEDICAL EXAMINER: THIS CERTIFICATE SH  EXECUTE THE CERTIFICATE, WRITING THE WO  PAGE 4 SHOULD BE FORWARDED TO THE C  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE	TIMORE, MARYLAND, 2	220 I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	Salvar NAME EDW	ural causes K,	Accident Di H	, Suici	M.E		217	Undete	Inquiry rmined mai CALEXAMI WASHI	NER NGTO	DATE SIGNE N STRE	JUNE	17,1983
5 A 5 5	230.1		ATION, REMOVAL	23b. DATE	23€.	NAME OF CEMI					CATION		COUN		STATE
BP	Cr	ematio	n	June 17	, 1983	Smiths	burg	Cre	mator	ium	Smit	hsbu		ash.,	
DHMH-1	7	UNERAL DIRE	MINNIC	H FUNE	AL HO	OME		12	JUN	REC'D. BY,	1983	IFA REG	SISTRAR'S S	Coluct	1
(VR A15 ME	(5))	115 E.	Wilson B	Ivd. Ha	gersto	wn. Mo	. 21	740	001	1 7 7	1000	1			¥

. Per Miller (Dischool on President (Abulto Hart Laborator - 10)

TELET HOTO-THEAD THE

6		1.	FOR - STATE REGISTRAR			DEPARTI	MENT OF HEAL	FMARYLAND LTH AND MENTAL HYG ATE OF DEATH		G. NO.	7 1	17
	(-		CEASED NAME F	IRST	MID	DIE	LAST		20 DATE OF DEA	нтиом НТ.	DAY YEAR	2h HOUR
	(RA)			itty		5.	HA	uvec		MAY	3 1953	10 P M
		3. SE	_	14	RACE		5 DATE OF B	IRTH DAY YEAR	6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1.	oge crs		Female		white		11	8 47		35 YRS		
	h. P. S. ho	1	IRTHPLACE (STATE OR FORE	IGN 7b	CITIZEN OF WE	HAT COUNTRY?	MARRIED E	NEVER MARRIED	9 BALTIMORE C			
	deor hin		RYLAND		USA		WIDOWED			INGTON	COUNT	MD.
	offer of the		TY OR TOWN OF DEATH			SPITAL, NURSIN ACILITY, GIVE STREET		THER INSTITUTION	12a USUAL OCCU			OF BUSINESS OR
201	in by e file	17	agerstown	6	VashiN	gton c	ounty	Hospital	R.	N.		pital
0 2 1	filled in ould be must b	100	STATE 131	COUNTY		E RESIDENCE BEFORE		INSIDE CITY LIMITS?	13e. STREET ADDR			740
Z	Show show		ATHER'S NAME	Vash	vytar	Hagersi		MOTHER'S MAIDEN NA	1924	STONE	VALLE	Y DRIVE
MARY	ond 2		gan Tschi	ffel	DDLE	LAST	IS.	FIRST	Eyler **	DIE	LAS	Ti
ORE,	ond co		VAS DECEASED EVER IN		1371080041	SOCIAL SECU		INFORMANT		DDRESS	-355	
LTIMOR	S. Poe		Io		8	212-50-	8925 R	ichard Ha	uver /sa	ame as	13 e	
5T., 8AL	physicic onpopers emovol.		18 CAUSE OF DEATH IN PART I. DEATH WAS	CAUSED I	BY:	ies los (b), on		lune			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
ESTON	deoth ce ottending ove corbo tion, or ri oumotic		Conditions, if any, w			SA CONSEQUE		BREAS	T CAR	CINOM A		
W. PR	that the d by the ease remool, cremo			the lost	DUE TO, OR A	s a conse <b>o</b> ue	NCE OF					
ORDS, 20	en signed Then pl	NOIL	PART 2. OTHER SIGNIFI	CANT CO				T RELATED TO THE TERM	INAL DISEASE OR	CONDITION GI	VEN IN PART 11	o
AL RECORDS	he low ion. hos beer t permit iene pric	CERTIFICATION	4-5-83	N .	PRANSS/	Levoi da	OPERATION W	OSPAYSECTOM	200 AUTOPSY?	- KI CERTI	S, WERE FINDING CAUSES	
11/	ysic on the shape of the shape	1 8	21a. ACCIDENT WAS UNDERL	YING	216. TIME OF I	NJURY	21	. HOW INJURY OCCUR	RED (ENTER NATURE C	FINJURY IN ITEM 18	PART I OR PART 2)	

190 DATE OF OPERATION	MANLS LENGTH OPERATION	/	200 AUTOPSY?	206. IF YES, WERE FINDI TO CERTIFYING CAUSES YES [	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR PART 2]	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
22a.l certify that (1) (this haspital) sow the deceased alive on	MAY 2 1983	and that in (my) (our) opinion d	eoth occurred on the do	te and hour and from the	that (I) (we) los

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL
(SPECIFY)
Burial 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION
CITY OR TOWN
V Hagers wwn

Haven

Rest. Haven Funeral Chapel, Inc. 1601 Pennsylvania Ave. Hagerstwn, Md. DHMH - 16 50M 1/81 (VRA 15, 4)

Cemetery

MPORTANT: If Item 21 is morked or Item

MEDICAL

Set as one to well by the set of The second secon The party of the land DAY CARES MO STEELS WILL HAVE SELD AND Manager of the contract of the

	hours after death. Page 4 m	n the state of the sector, F
STON ST., BALTIMORE, MARYLAND 2	e death certificate be executed within 24	ttending physician and completely filler.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOKE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling in the Perminant of the character of the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the feet manner 22 hears after
	TO HOSPITAL OR retained by the hosp	TO FUNERAL DIRE

1	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 3 1	7     8
1	I. DE	CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
81		Elsi	e Catherine	Haynes	6	1 83 1:53p <sub>M</sub>
er d	3 SE	x	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
s after nce.	1	Female	White	12 27 1894	88 yrs.	MONTHS DAYS HOURS MIN.
2	C	RTHPLACE ISTATE OR FOREIGN COUNTRY) rederick Co.Md	76 CITIZEN OF WHAT COUNTRY?	* MARRIED   NEVER MARRIED   WIDOWED   X DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH
(BA)	1	onsboro	11. NAME OF HOSPITAL, NURSH (IF NOT IN SUCH FACILITY, GIVE STREET Reeders Memoria.		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE HOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY OWN HO ME
	USU. 13a S	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) VN	D+4   B0 x 55	2 21779
mpletely and 2 should be a sho	ALF/	THER'S NAME Charles	W. Haines	15. MOTHER'S MAIDEN FIRST Sa.T	MIDDLE	McBride
ysician and co pers. Pages 1 a oval.	No.		RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 212-74			olonial Dr. own, Md. 2II 4
igned by the attending ph please remove carbon pa burial, cremation, or rem njury, or other traumatic		Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  OUE TO, OR AS A CONSEQUE  (c)  CONDITIONS/CONTRIBUTING TO	INCE OF ESTIMAL MC	alignancy  ERMINAL DISEASE OR CONDITION GIVE	2 months
ermit. Then the prior to shows any in	CERTIFICATION	180 DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES OF NO O
g physician. his certificate rial-transit p Mental Hygie or Item 18	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 216. INJURY OCCURRED	HOUR A.M. MONTH D	AY YEAR 19 216 HOW INJURY OCC	YES NO YE	
After the sattle but as the but and N and	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
etained by the hospital or TO FUNERAL DIRECTOR should be detached for use with the State Dept. of Hee MPORTANT: If feem 21 is			of view the body after death.	DEGREE	on death occurred on the date and house of the date and house of the date of t	r and from the couses stated  22c. DATE SIGNED
TO FUNERA should be deti with the Stat		100	ugler mo	Geeting	Lane Keedys	ille, Manyland
BP	-{	BURIAL, CREMATION, REMOVA SPECIFY) Burial		NAME OF CEMETERY OR CREMATO Rohrersville Ceme	tery Rohrersville	COUNTY STATE
DHMH-16 25M VRA 15, 4) 1/79	24 F	John H. Bast,	Jr. Boonsboro, 1	Md. 21713	OTE REED BY 1983 AAR TO SECOND	RAH SUSTANBULLY

## Catherine

White

		shington	Was	Х	• A	.Md. U.S.	Frederick Co.
	Own Ho me	sewife	House		Memorial Home	Reeders	Boonsboro
	21779	I Box 332	X Rfd.		Rohrersville	Washington	Maryland
	McBride	Alice 118 N. Colon	rsh	Se	Haines	•W	Charles
04		Hegerstown,	M. Haynes,	Carroll	212-74-9141		No
,					to the sol		

			ST	ATE OF M	ARYLAND				autority.		-
FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3								9	
REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									
1. DÉCEASED NA	ME FIRST	N	NIDDLE	L	AST	. 2			ONTH	DAY YEAR	28:30
(TIPE OR PRINT)	HARRY	Ec	DWARD	HOLLIF	FIELD , S	Sr.	OF E	ATED XJ	JNE 2	27 19 83	0:30 P M
I. SEX	4. RACE	S. DATE OF BIRTH	YEAR 6. AGE (IN	YEARS IF UND	ER 1 YR. IF UND	ER 24 HRS. 2	t. DATE	MC	HTMC	DAY YEAR	24 HQUR 1:45
MALE	White		58 25	YRS.	DAYS HOURS	MIN P	RONOUNCE DE AD	JUNE	1	28 1,83	P M
BIRTHPLACE	(STATE OR	Th CITIZEN OF WHA	T COUNTRY?	8. MARRIE	D NEVER MAR	RRIED T	BALTIMOR	ECITY OR C	OUNTY	OF DEATH	
Maryla	nd	U.S.A.		WIDOWE			WA	SHING	TON	Count	y MD.
10. CITY OR TOW	N OF DEATH	11. NAME OF HOSPIT	AL, NURSING HO	ME, OR OTHER	RINSTITUTION	12a USU	AL OCCUPAT	TON (TYPE OF V	WORK 121	OR INDUS	USINESS
Hagers	town	Vashingto	on Count	Y Gen	. Hosp.	Prod	ost of working	Clerk	F	ood-A	
USUAL RESIDENCE	E (IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMI	SSION)	3d: INSIDE CITY LIMITS?	113e STREE	ET ADDRESS				
Marylar	nd Balt	imore	Dundalk		YES NO			haven	Rd	. 21	222'
14. FATHER'S NAM		MIDDLE	LAST		5. MOTHER'S MAI		MIDDI			LAST	
Robert			llifiel	d	Marv		F		Н	ogart	h
	ED EVER IN U.S. ARMI	ED FORCES?	16b. SOCIAL SECUR		7. INFORMANT			8631			
No	(IF TES, GIVE WA	AR OR DATES!	213-72-	5728	Anna M.	Holli				MD.2	
18 CAUSE	OF DEATH (Enter only	one cause per line fa	r (a), (b), and (c).)						1	APPROXIMA BETWEEN ONS	IE INTERVAL
PARTIC	DEATH WAS CAUSED	BY: N-9	94 - DRO	NNING						MOME	
7 83	ZOMMEDIATE		A CONSEQUENC	E OF							
	ions, if ony, which	(b)									
cause (	o) stating the <u>under-</u>	< 1~/	A CONSEQUENCE	E OF							
lying co	ause lost.	(6)									
PART 2 OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE D	R CONDITION GIVEN IN	PART 1 (a).					
NO											
19a. DATE C	OF OPERATION	19b. CONDITIO	N FOR WHICH OP	ERATION WA	S PERFORMED?					20 AUTOPSY	?
Ē										YES	NO K
TIO DATE OF THE COLOR OF THE CO	NAL CAUSE WAS	21b. TIME OF IN	IJURY NONTH DAY YE	AR 21c HOV	W INJURY OCCUR	RED LENTER NA	TURE OF INJURY	IN ITEM 18 PART	OR PART 2	")	
S CONTRIBUT	IG ALOR TING CAUSE OF DE	ATH 5: 30 P.M.	JUNE 27108	3 FE	LL OUT OF	CANO	E INTO	RIVER			
21d. INJURY	OCCURRED	21e. PLACE OF	INJURY (ATHOME,	21f. LOC			CITY OR TOWN		COURT		CTATE
WHILE AT WORK	NOT WHILE AT WORK	POTOMA	RIVER	Аво	VE DAM #4	4, NR.	WILLI	AMSPOR	T, W	ASH.,	MD.
	27a   Certify that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry , and in my apinian										
death resu			IX-	Suicide .	Hamicide		mined manni		, apini		
	> "	0111		,	TITLE (SPECIFY)	J. G. G. C. C.					
ACTUAL SIGNATURI	(dila)	ul Was	TIMAR	W Mr	DEPUTY	MEDIC	CAL EXAMINI	ER (	DATE	UNE 28	3.1983
			1100	711.0	217			GTON S			3.7.7
EXAMINER'	S NAME EDWARD	W. DITTO	, 111, M.	D. A	DORESS HAG	ERSTOW					
230. BURIAL, CREM	ATION, REMOVAL   23b	DATE	23c. NAME OF C			23d. LOC	ATION				
Burial	ATION, REMOVAL 23b	/2/1983	Glen	Haven		Gle	n Bur	nie	COUNTY	Mary	land
24 FUNERAL DIRE	CTORDuda-R	uck, Inc			25a. DAT	REC'D. BY	EGISTRAR (	SI REGISTRA	ARIOSIQ	MANUREL	(
	se Avenu	e Dund	alk, MD	. 2122	22 JUI	JOCK	000	70	V	67	. 7

PET NO RETURNED CHIPLOSE - ST-ET LEVEL ON CAVID OTHE BURNE TO THE LINE AND SHOULD PLOTE DTHEAST FIRST LIBERT WAS A FEST WAS A CASH OF THE STATE O THERT HOTELINGS TESS TO ATTENDED AND ADDRESS OF THE ADDRESS pe

3	1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	17120
deoth deoth	[ TYP[	CEASED NAME FIRST PAUL	L EDWIN	HULL	20. DATE OF DEATH MONTH	2/83 5: 50 pm
2	1 SE	Male	White	5. DATE OF BIRTH AUG. 21, 1900	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
fumeral at this 72 ha		IRTHPLACE ISTATE OR FOREIGN COUNTRY)  Maryland ITY OR TOWN OF DEATH	U.S.A.  11. NAME OF HOSPITAL, NURSING	MARRIED NEVER MARRIED WIDOWED DIVORCED	MASHINGTON	MD.
oe filed w	1	HAGERSTOWN	(IF NOT IN SUCH FACILITY, GIVE STREET A  WESTERN MARYLAI  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ND CENTER	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Farmer	G LIFE) 126. KIND OF BUSINESS OR INDUSTRY Farming
and 2 should be	130 S	TATE 13b COL	hington Hagers	134. INSIDE CITY LIMITS?	RFD-6	21140
0- 9	Ióa V	James VAS DECEASED EVER IN U.S. A		Virgini	MIDDLE	(Hull) Hulz
icion and c ers. Pages II. the medica	(	No	220–16–		Hull RFD-6 F	Hag. Md.
ed by the ottending places remove carbon please remove carbon riol, cremotion, or rem or other traumatic eve		PART I. DEATH WAS CAUS  IMMEDIA  4360  Conditions, il any, which gave rise to immediate cause los, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	Mich, Ribble	al dent	days 8' worths
ate has been signe nosit permit. Then p ygiene prior ta bur i shows any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT  PLIS M  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH C	CASTULE DI DPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
After this certifica e os the buriol-tra off and Mental Hy norked ar Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA	19 211 LOCATION	CITY OR TOWN	COUNTY STATE
VERAL DIRECTOR: See detached for use State Dept. of Hee ANT: If them 21 is n		220. I certify that (K (this has saw the deceased alive a above, (I) (we) (did) (did) 22b. SIGNATURE  22d. PHYSICIAN'S NAME TYPE		DEGREE ATTENDING PHYSICIAN  1270 ADDRESS	MEDICAL STAFF	our and Irom the causes stated  22c. DATESIGNED
hould the	23a D	ROSE MA	RIE CHAN		D CENTER, HAGERSTON	NN. MARYLAND 21740

JUN 8

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION COUNTY STATE

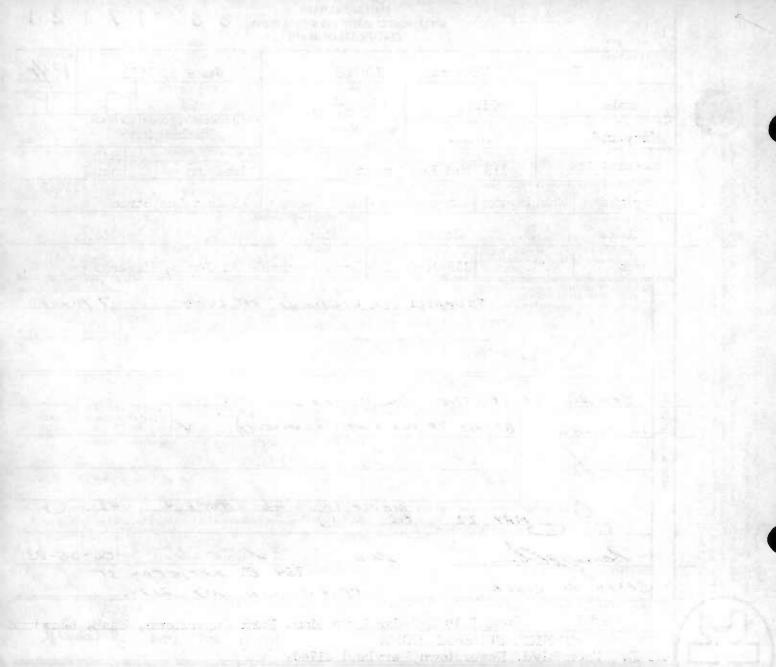
June

Home Clearspring Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

AND THE RESERVE OF THE PROPERTY OF THE PROPERT The same of the contract of the same of th The state of the s to operate the second of the s Mineral Control of the second Carried and the water of adjust of it is the 14 4/3 48 1/4/2 = 10 ENCLARE A SECOND OF THE PARTY O article was a light and a state of the state AND A LONG BUILD OF THE STATE O



	FOR STATE				DEPART	MENT OF H	EALTH AN ICATE OI	D MENTAL HY	IENE 8	3	1 /	1 1	2 2
	REGIS DECEASED (TYPE OR PRINT	NAME	FIRST A	)	Eliza	4014	ALB	AUGH	20 DATE OF	REG. NO.	DAY DAY	YEAR	26 HOUR
IN	. SEX	Wwh:	ite	Fem		5. DATE O	DAY	1910	,	EARS LAST BIRTHD	YRS.	NDER I YEAR	IF UNDER 24 H
within 72 h	Penns	VI Vanis OWN OF DE	9	U S	F HOSPITAL, NURSI	MARRIE WIDOWE	D	R MARRIED DIVORCED DIVORCED	WAS	HINGTO	N I		F BUSINESS
filled in by the ould be filed.			ING HOME OR OTH	WEST	TERN MARY	LAND C		CITY LIMITS?	House	ewife		Hom	
ompletely 1 and 2 sh exominer	FATHER'S	NAME FIRST <b>narles</b>	L.	DLE Y	utzy		15 MOTHE	R'S MAIDEN NA		WIDDLE	Н	IAS Offme	
obysicion and c popers. Pages noval.	(YES, NO O	D UNKNOWN)	IN U.S. ARME (IF YES, GIVE W	AR OR DATES)	214-07-	<b>4096</b> B	Albe	ort Kalb	augh	ADDRESS	as al	bove	MATE INTERVAL
signed by the ottending hen please remove carbo to bunal, cremotion, or re jury, or other troumotic	gove couse under	tions, if ony, rise to imm (o), stotus lying couse	mediote ng the lost.	DUE TO, (	OR AS CONSEQU	ENCE OF	AS C POS CH	IF	COW!	M.7	ION GIVEN I	Xen	
icate has been rousit permit. The Hygiene prior to 18 shows any injury.	DI LI	TE OF OPERA			DITION FOR WHICH	OPERATIO			200 AUTO	NO   II	Ob IF YES, WEN CERTIFY INC	G CAUSES	IGS USED OF DEATH?
20 E E E E E E	OR CON	JURY OCCURI	CAUSE OF DEATH CAL EXAMINER) RED	HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY TREET, FACTORY, OFFICE.	19	21t LOCA	INJURY OCCUR	RED (ENTERNA	CITY OR TOWN		ORPART 2)	STATE
thed for use bept, of Heol	220.1 c	ertify that (X	(this hospital)	6/1	3/82 19	lel &	d that in (m	3, 19	, to	on the date	ond hour one		
TO FUNERAL D should be detoo with the Stote Do IMPORTANT: If I	22d. PH	AN YSICIAN'S NA	AME (TYPE OR PR	M.	ma:	nie	22e. ADDR	ATTENDING PHYSICIAN E	MEDICAL DIRECTOR (	STAFF PHYSICIAN	N 🗌	6/	13/83
3P	Se BURIAL, (SPECIFY) Cre	remation,		23b. DATE 6/16/			EMETERY OF	r CREMATORY remator		chsbure	Washi	uniy Ingto	51ATE
1-1650M1/81 VRA 15, 4)			efer, J	r.	LaVale,	Maryl	and	JU		983	2 Can	S. C.	shielf

Formic State 5, 1010 1 0725 Bonnow Altvouron First Allegary Lavale u Bland Lyong 21502 Cories I. Natury Cartes - Notherpor 212-07-2796 Albert Calbert Senous above 1 -38 -12/2/2 - 2-15/5 - 2-15/5 - 12 Ingerstown, M., .... Crematica 6/16/83 Smithabury Cramatory Smithabury banhington 10. word in herer, dr. LiaValo, haryland ... JUL B 1982 . M. Carly Company

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

The state of the s FOR

- STATE

REGISTRAR

2 Am 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IF LINDER 24 MRS BALTIMORE CITY OR COUNTY OF DEATH Washington 17h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Home B1 Washington Court Law Mr. Charles L. Kline Smithsburg. Md. APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED DIRECTOR PHYSICIAN HOSPITAL Wolfswille.Fred.Md. 24 FUNERAL DIRECTOR Davis Funeral DHMH - 16 50M 1/B1 JUN 2 0 1983 nome (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

2h. HOUR

. b. challed in mile . 1 and i . . . 13, 35alra mice Leu stieb oliovinie, mc., H. 

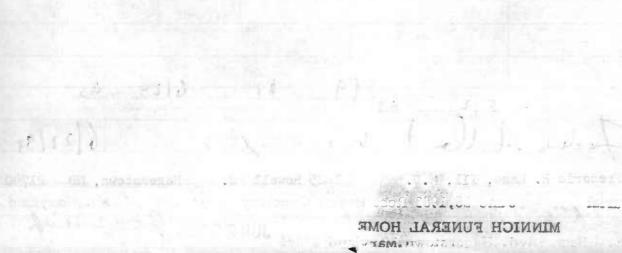
415 E. Wilson Blvd., Hagerstown, Maryland 21740

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



11-	FOR STATE					AND MENTA				1	1 2	6
1. DEC	EASED NAME OR PRINT)			MIDDLE	MINER 3	CERTIFICATE	20	DATE KNO OF ES' DEATH MAT	TI-	AONTH	DAY YEAR	
3. SEX	ale	Fric A RACE White	5. DATE OF BIRTH MONTH DAY 3 - 21 - 1	YEAR 1AS	ST BIRTHDAY) MONT	HS DAYS HOURS	DER 24 HRS. 20	DATE RONOUNCED	M	6 ONTH	13 1983 DAY YEAR	R 2d HOO
To	RTHPLACE (ST REIGN COUNTRY) Wa		76. CITIZEN OF WE	HAT COUNTRY?	8. MARR WIDOV	IED NEVER MA	ORCED L	Washir	naton	COL	OF DEATH	N
Fa	rortown irview	Mount	WHAG-Tel	evision	Tower	IER INSTITUTION	FOR MC	dent	ON (TYPE OF V		or indus Univer	TRY
130. SI Ma	ryland	Mont Mont	or other institution, given ty gomery	13c. CITY OR T			X 1071	T ADDRESS 5 Gate	boows	Av	e 209	03
Lc	THER'S NAME FIRST Ouis VAS DECEASED	D EVER IN U.S. ARA		Liljeda 16b. SOCIAL S		Joan IT INFORMANT		MIDDLE nmn	DDRESS	Wo	od	
I	S, NO, OR UNKNO	None	WAR OR DATES)  Young couse per line	unk		Louis A.	. Lilje	dahl (Fa	ather	) se	e 13 F	TE INTERVAL
MEDICAL CERTIFICATION	couse (o) lying cou		(b) DUE TO, OR (c)  CONTRIBUTING TO OFATH I	AS A CONSEQU		E OR CONDITION GIVEN II	N PART 1 (a).					
CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	ION FOR WHIC	H OPERATION W	AS PERFORMED?					20 AUTOPS	Y?
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	1	FOR = STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 3	o.	7 1	2 7
n £		CEASED NAME FIRST	2	WIDDIE		AST	1 1/1	MONTH D.	AY YEAR	2b. HOUR
poge 3	3. SI	Vide	4. RACE	avern	5. DATE O	lanning	6. AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS
rrs ofter		emale		rite	MONTH 5	- 27-1896	87		ONTHS DAYS	HOURS MIN.
500	7o. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN O	F WHAT COUNTRY?	8. MARRIEL WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY O	COULT	ty MD
199	1.	TY OR TOWN OF DEATH	IF NOT IN S	UCH FACILITY, GIVE STREET	NG HOME O	ROTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C	ON F WORKING LIFE		BUSINESS OR
must be	USU	AL RESIDENCE (# NURSING HONSTATE 136 CO	E OR OTHER INSTITUTION	13c. CITY OR TOW	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	KER -	in	267
Conjiner	14. F	ATHER'S NAME FIRST	MIDDLE	( LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	VEI	LAST	1
	160	WAS DECEASED EVER IN U.S.		16b. SOCIAL SECU		17. INFORMANT	ADDRE	SERICK	LITTO	21701
medical		YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	19830	2144	ROMPLD C.M			YNGH	0
the the		18 CAUSE OF DEATH (Ente	r only one cause p		nd (c+)	ROVIED C. III	- MAILES	2 1 0		ATE INTERVAL
emay		PART I. DEATH WAS CA	USED BY: DIATE CAUSE (a)_	Abdom	inal	Maliana	metasta		3 m	ouths.
y, ar ather t		gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAL	DUE TO,	OR AS A CONSEQU		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1101	
ar to k	S S				5 16					
ws ony	CERTIFICATION	19a. DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING	OF DEATH?
m 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	YES	tad.	NO [
ked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLAC	P.M. E OF INJURY STREET, FACTORY, OFFICE, I		211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
Heolth I is mar		220.1 certify that (1) (this he saw the deceased alive	/ /	the deceased from	87 00	d that in (my) (aur) opinion	tenth occurred on the di	, I	0	iot (l) ( <del>we)</del> lost
ept. of		above, (I) (ye) (did+(did	not) view the boo	ly ofter death.		DEGREE	acom occorred on me di	are and nour	22c. DATE S	
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with the Stat		Charles K	7 (	ccer		1198 Kenly	Ave, Hage	in Tow	n M	1 2174
7		BURIAL, CREMATION, REMO	1	1 -		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		сопиту	O <sup>E</sup>
		UNITAL DIRECTOR	6/18	183 K	ARTON	2036VRB PRES	BY WARFORP E REC'D. BY REGISTRAR		AR'S SIGNATU	RE RE
OM 4/82 4	1	NAME	P D	ADDRES	1	- mn 'Jl	JN 2 9 1983	Joan	2. Car	mill

 Quality in control of the second or the secon The state of the s Chief of the State THE MODE OF THE PROPERTY OF THE PARTY OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH I. DECEASED NAME FIRST 2b. HOUR TYPE OR PRINTI Middlekauff James Roane June 12, 1983 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX IF UNDER 24 HRS May 17, 01933 EAR White Male 50 To. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Washington County WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR King Street ADDRESS) OF WORK FOR MOST OF WORKING LIFE Moulding Co. Maintenance Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE

NY COUNTY

MARYLAND

NAME OF THE NUMBER OF THE PROPERTY OF TOWN

Washington

Hagerstown 21740 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 147 King Street 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Bertha Luther Middlekauff Roane 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS King Street (IF YES, GIVE WAR OR DATES) 217-28-6261 Nancy L. Middlekauff Hagerstown, Md. 21740 18 CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER GIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION MOITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X NO YES D NO [ 210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220.1 certify that (1) (the hospital) attended the deceased from 3/18 sow the deceased alive an 25/83 19 obave, (1) (post (did) (did not) view the bady after death. 10 83 and that in (my) ison point on death occurred on the date and have and from the causes stated 276 SIGNATIVE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN AME (TYPE OF PRINT) 22e ADDRESS MORAN

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

Burial

23a. BURIAL, CREMATION, REMOVAL

23b. DATE 6-15-83

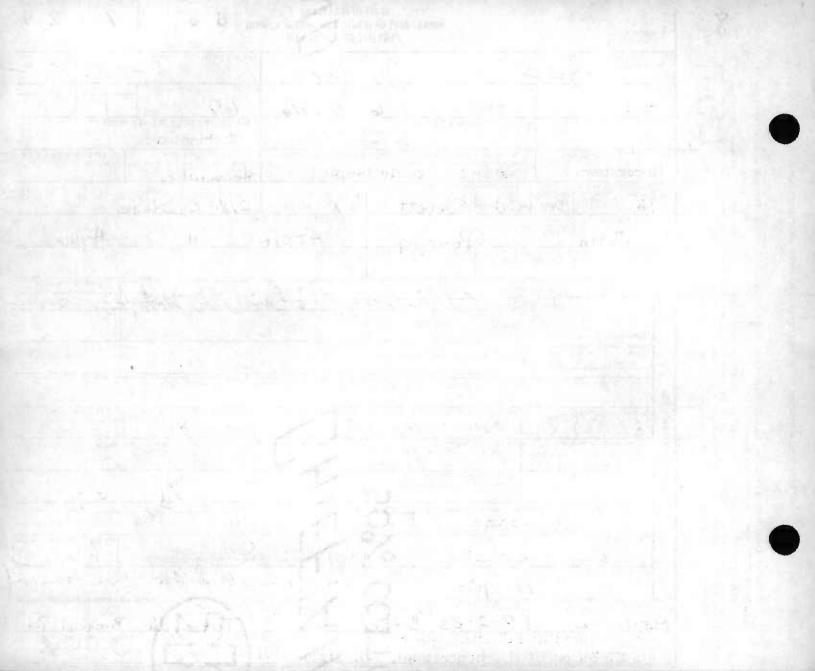
231 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

23d CCATION Hagerstown.

A.K. Coffman Funeral Home, Inc., Hagerstown, Md.

Date of the second	Microsoft Relation and American States and Ame	marke		7
June 12, 1983	Taumieloch		Remai	
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Weshington County				basiyas
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derectorn, reinington, IV.		304 (3-41) 		

X	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 5	1129
y be		CEASED NAME STREET	MIDDLE	Willer		9,83 26. HOUR
4 B	3. SE		4. RACE	5. DATE OF BIRTH  MONTH  DAY  YEAR  1916		IF UNDER TYEAR HOURS MIN.
eoth. Poge		emale RTHPLACE (STATE OR FOREIGN	white  7b. CITIZEN OF WHAT COUNT	RY? 8.	9. BALTIMORE CITY OR COUNTY	OF DEATH
ect.	1	COUNTRY)		MARRIED NEVER MARRIED WIDOWED DIVORCED	Washinston	MD.
201 urs ofter d iby the filled with	J	agerstown	Washington C	ounty Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR INDUSTRY
YLAND 212 thin 24 hour thin 24 hour 2 should be in mernushbe	13e.	Pa Boo	PROTHER INSTITUTION GIVE RESIDENCE BE INTX 13c. CITY OR T EVEN	OWN 13d. INSIDE CITY LIMITS?	218. E Stax	e 99999
MARY and with	1 F/	ATHER'S NAME	MIDDLE S D LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
BALTIMORE, MARYLAND 212crote be executed within 24 hours system and completely filled in bepeis. Pages 1 and 2 should be fill you.		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL S	ECURNY NO. 17. INFORMANT	ADDRESS	11 ymes
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. ING PHYSICIAN: The low requires that the death certification of the physician. Where this certificate has been signed by the ottending physis the burial-transit permit. Then please remove carbon page th and Mental Hygiene prior to burial, cremation, or remove orked or them 18 shows any injury, or other traumatic event,	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	OUENCE OF	RMINAL DISEASE OR CONDITION GIV	EN IN PART Ito
ON OF VITAL RECOR	AL CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDESWING  OR CONTRIBUTING  CAUSE OF DE.  (IF ETHER, NOTHEY MEDICAL EXAMINED)	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR  19  PERFORMED  216. HOW INJURY OCCU	200 AUTOPSY? 200. IF YES IN CERTIFYES NO VESTING CERTIFYES VESTING CERTIFYES A STATE OF INJURY IN ITEM 18 PARTIES OF INJURY IN ITEM	
PHYSI this ce burned Aver the dor the	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION OF PION OF PI		AT WORK NOT WHILE AT WORK		6/1/5	6/28	83
		sow the deceased alive an	n ottended the deceased fro	VEI	on death accurred on the date and hour	r and from the couses stated
AL OR A the hos AL DIREC efoched te Dept.		22b. SIGNATURE	ot) view the body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED (8)
TO HOSPITAL TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE O	u no	220. ADDRESS 20/ S. C.	lovaland Ave,	Hapartoun ho
999999 <sub>BP</sub>	.~	BURIAL, CREMATION, REMOVAL	23b. DATE - 2	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN	COUNTY
DHMH - 16 50M 4/82		JNERAL DIRECTARINICH	H FUNERAL HO	DME   250. D	ATE REC'D. BY REGISTRAR 75 REGIST	RAR'S SIGNATURE
(VRA 15, 4)		415 E. Wilson E	31vd., Hagerste	own, Md. 21740	UL 5 1983 Joan	- Con council



	3. SE)	× JOX	A LA RACE		S. DATE OF BIRT	/5 TH	JUNE &	30 /	983 IF UNDER 1 YEAR	1 1 U
		Female	Whit	е	Jan. 9	, DAY 1 903 EAR	80	YRS.	ONIHS DATS	HOI
21	(	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	П
11		nkstown, Md.	U. S.	HOSPITAL, NURSIN	WIDOWED I	DIVORCED [	Washing	ION	12b KIND (	OF BL
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5	130 S			GIVE RESIDENCE BEFORE 13c CITY OR TOW Fairple	Y 13d. If		13e STREET ADDRESS Rfd. Be	ox 139	21	733
10		THER'S NAME FIRST Levi	WIDDLE	Cline		OTHER'S MAIDEN NA FIRST Martha	MIDDLE	llen		Dit
/	160. WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (1F YES, GIVE NO  18 CAUSE OF DEATH (Enter onl)	ARMED FORCES? , GIVE WAR OR DATES)	214-34-9	257 Mr	· William	B. Moats,	ESSO MA	Dowel Lown.	Md.	
		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.	(b) DUE TO, C	DR AS A CONSEQUE	ENCE OF		ANNA DISTANT OR CO.	IDITION ONE		
7	IFICATION	gove rise to immediate couse (a), stating the	DUE TO, C	DR AS A CONSEQUE	ence of <u>Death</u> but not f		20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDI	NGS S OF E
7	CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, C  (c)  NT CONDITIONS C  19b. CONE  F DEATH  21b. TIME C HOUR A	OR AS A CONSEQUE	DEATH BUT NOT F	S <b>PERFORME</b> D		20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS S OF E
7	MEDICAL CERTIFICATION	gove rise to immediate couse (o), storing the underlying couse lost.  PART 2. OTHER SIGNIFICAT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	DUE TO, C  (c)  19b. CONE  19b. CONE  19b. TIME ( HOUR A HOUR A 19b. PLACE	OR AS A CONSEQUE CONTRIBUTING TO D  OITION FOR WHICH  OF INJURY  A.M. MONTH DA	OPERATION WAS	S <b>PERFORME</b> D	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS
7	MEDICAL CERTIFICATION	gove rise to immediate couse (a), storing the underlying couse lost.  PART 2. OTHER SIGNIFICAT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURTED ALL WORK NOT WHILE ALL WORK ALL WORK 220.1 certify that (1) (this here	DUE TO, C  (c)  19b. CONDITIONS C  19b. TIME ( HOUR A HOUR A 121e PLACE (AT HOME, S)	OR AS A CONSEQUE CONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY A.M. MONTH DA D.M. E OF INJURY TREET, FACTORY, OFFICE, F	OPERATION WAS  AY YEAR  19  211 1	S PERFORMED  HOW INJURY OCCUR  LOCATION STREET  , 19 19	200 AUTOPSY? YES NO CENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PAI	WERE FINDI ING CAUSES INT I OR PART 2)	NGS OF E
7	MEDICAL CERTIFICATION	gove rise to immediate couse (a), storing the underlying couse lost.  PART 2. OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE ALWORK AND COUNTY OF COUNT	DUE TO, C  (c)  NT CONDITIONS C  19b. CONE  10b. CONE	OR AS A CONSEQUE CONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY A.M. MONTH DA D.M. E OF INJURY TREET, FACTORY, OFFICE, F	OPERATION WAS  AY YEAR  19  ARM, ETC.)  DEGRE	S PERFORMED  HOW INJURY OCCUR  LOCATION STREET  , 19 19  t in (my) (our) opinion  EE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TO DECEMBED.  NO CITY OR TO DECEMBED.  MEDICAL STA	20b. IF YES, IN CERTIFY YES URY IN ITEM 18. PAI  DWN  Adote and hour	WERE FINDI ING CAUSES INT I OR PART 2)	NGS OF E N
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STATE OF MARYLAND



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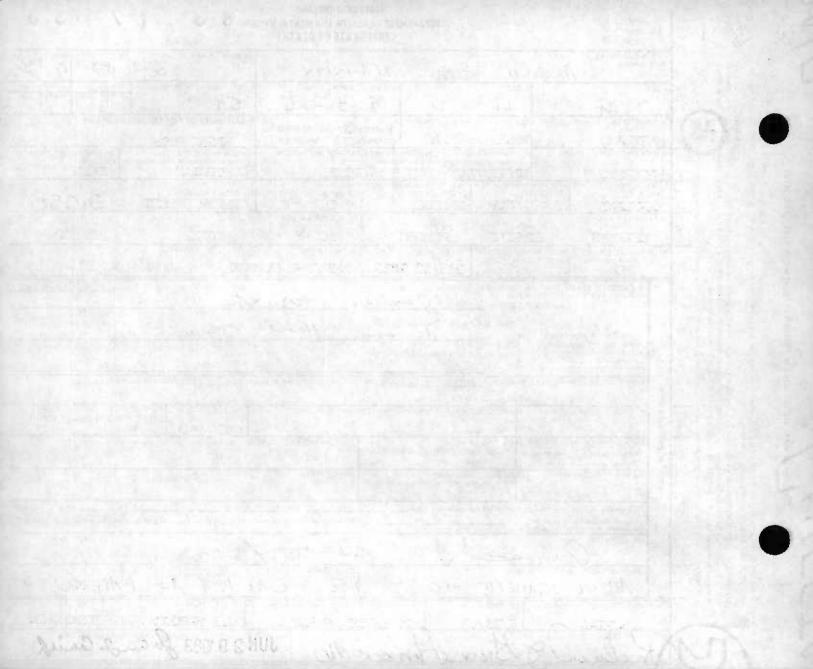
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John H. Bast. Jr.

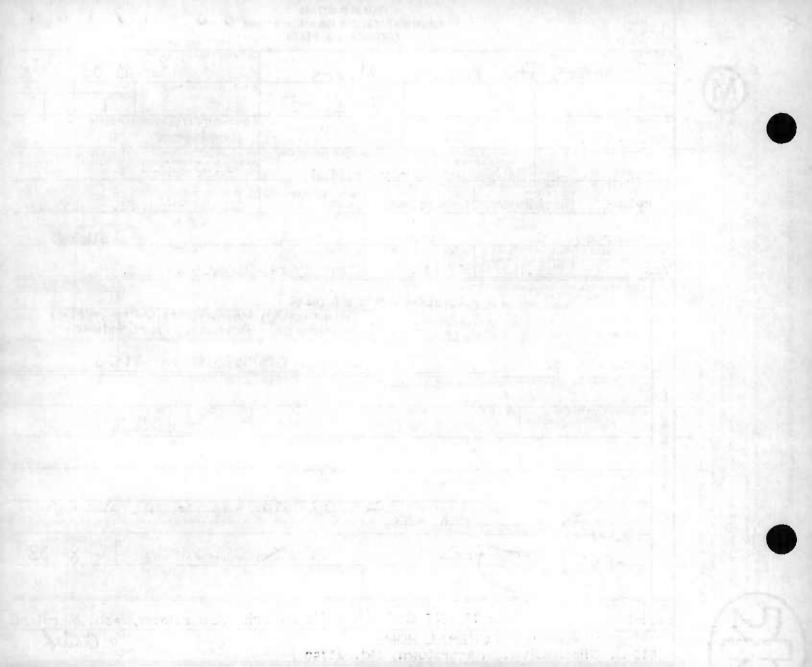
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w	& h		1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3   REG. NO.	7 1	3 3
	oge 3 death			CEASED NAME OR PRINT)	FIRST	LD I	FLOYD	^ -	UNSON	20. DATE OF DEATH MONTH	U-53	9 3 6 M
4	affer d	5	3. SE)	m		4 RACE		S. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	M	)	(	RTHPLACE (STATE OR F COUNTRY) RYLAND	OREIGN		WHAT COUNTRY? STATES	8. MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OR COUN WASHINGTON	TY OF DEATH	MD.
10	To any to	19	НА	TY OR TOWN OF DEA		WASHING	TON COUNT	ADDRESS)	PITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CUSTODIAN		F BUSINESS OR
AND 212	filled in ould be frapt be	5	13a. 5		13k CONN	OTHER INSTITUTION TY NGTON	GIVE RESIDENCE BEFORE 13c. CITY OR TOW HANCOCK	ADMISSION)	13d INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESS CENTER STREET	20	150
MARYLAND	ond 2 st	D	14 FA	THER'S NAME FIRST CHARLES		MMONS	MUNSON	J	15. MOTHER'S MAIDEN NAME OF THE STREET	JANE	BISH	IOP
MORE,	n and co			VAS DECEASED EVER (ES. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	216 22 7		MARY JANE MUN	ADDRESS ISON SAM	E AS 13	
. BALTIMOR	physiciar noapers. maval.			18. CAUSE OF DEATH PART I. DEATH W	AS CAUSE	BY:		whia	- 900	1	BETWEEN	MATE INTERVAL DNSET AND DEATH
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3 5	by the att sse remay, crematic			Conditions, if any, gave rise to imm cause (a), statin underlying cause	nediote g the	DUE TO, C	DR AS A CONSEQUE					
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OF VIII	ding physicia is certificate b burial-transit Mental Hygie	9	- 7	21a. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	CAUSE OF DEA	TH HOUR A	OF INJURY I.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)	
NOISINI	d of the	Ř	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	BLE 🗍		OF INJURY TREET, FACTORY, OFFICE, F	ARM ETC )	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
S N	TOR: A for use of Heal			22a. I certify that (I) sow the decease above, (I) (we) (c	ed alive on.		19		, 19	, to		that (I) (we) last couses stated
	tache tache e Dep			226. SIGNATURE	) ch.		ly	v	DEGREE ATTENDING PHYSICIAN &	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
CH	FUNER buld be the St PORTAN			ABDUL	AME (TYPEO	HEED.	mo		1600 DA	E Hill st.	HAG. A	10
2	BP		23a 8	BURTAL BURTAL	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN  RT.1 HANCOCK, V	WASHINGTY	ON, MD.
DH/	MH - 16 50M 4/82 (VRA 15, 4)	1	20 = 1	JNE PAL DIRECTOR	26	She	re Als	veck	Mb. 25a JU		istrar's signat	

CTATE OF MADVIAND



(VRA 15, 4)



BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	FOR - STATE	DEP		E OF MARYLAND IEALTH AND MENTAL HYO	SIENE 8 3	1/155
	REGISTRAR	A SAME AND	CERTII	FICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MON	ZB. FIOUR
1	MARY	GOLDIE	ME	EDY	6-1	1-03 10:35
3. SE	X	4 RACE	5. DATE (	DF BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS A
7. 0	BIRTHPLACE (STATE OR FOREIGN	White	Jul	y 3, 1916		YRS.
70. 0	COUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH
10 C	Haryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWI		WASHINGTON 120. USUAL OCCUPATION	Lin Knip of Bush Fee
1	HAGERSTOWN	WESTERN MAR	RYLAND C		(TYPE OF WORK FOR MOST OF WOR Housewife	RKING LIFE) 126 KIND OF BUSINESS INDUSTRY
130	STATE 136 COU	JNTY 13c. CITY OR 1	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	21700
	Md. Was	shington   Smith	nsburg	YES NO X	R. D. 3	11/00
}	FIRST	MIDDLE		15. MOTHER'S MAIDEN NA	WE	LAST
140 \	Hubert WAS DECEASED EVER IN U.S. A	Perr		Grace	ADDRESS	Easterday
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	SECURITY NO.	17. INFORMANT		Hagerstown,
-	No	1212-22	-0460A	Mrs. Joyce	Needy Box 343	R.D.#6 Md.21
CERTIFICATION	couse (a), stoting the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	(c)	TO DE HE LOT	N WAS PERFORMED	NACUSASE OR COSPUTION AUTOPSY? 1206.	IF YES, WERE FINDINGS USED
RTIFIC					YES NO	CERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \( \bigcap \)
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT	TEM 18 PART I OR PART 2)
U	21d. INJURY OCCURRED	21e. PLACE OF INJURY	UM COLOR	21f. LOCATION	***************************************	
MEDICAL	WHILE NOT WHILE AT WORK AT WORK	(AT HOME STREET, FACTORY, OFF	FICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STAT
MEDIC	WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (X (this hasp sow the deceased alive or obave, (I) (X (did) (a a a a	(AT HOME STREET, FACTORY, OFF	om 10/1	STREET 19	tob/1//8	3, 19.83, that (1) (4x
MEDIC	WHILE NOT WHILE AT WORK  220.1 certify that (X (this hosp sow the deceased alive or obave, (I) (A (did) (A A A)  22b. SIGNATURE	Wiew the body offer death	om 10/1	STREET  19  Indicate the first transfer of t		3, 19.83, that (1) (4x
MEDIC	WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (X (this hasp sow the deceased alive or obave, (I) (X (did) (a a a a	on View the body offer death.  OR PRINT)	om 10/1	DEGREE ATTENDING PHYSICIAN 27e. ADDRESS	. to	19 that (I) (XX) and hour and from the causes stated 22c. DATE SIGNED

2. A transfer of the state of t with the say of the grant of the mind the training of the same Still Millian - conferred the will Will at the Carline

1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3	7 1 3 6
1. DE	CEASED NAME FIRST	ANN DE NUY OF	CADNE O	20 DATE OF DEATH MONTH	LA -X ? 116
3. SE		4 RACE	5. DATE OF BIRTH	June 10,419	IF UNDER 1 YEAR IF UNDER 24 MG
	male	White	August 29,1920	66-2 YRS	MONTHS DATS HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
	ryland	U.S.A.	WIDOWED DIVORCED	Washington	
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS C
Carried States	Hagerstown	WESTERN MARY	YLAND CENTER	Housewife	Home
USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN			13e STREET ADDRESS	
		ningtonHagerst		121 Dogwood	Dr 21740
	ATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN NA	MIDDLE	Shaffer
		Rutherf		ADDRESS	Snailer
1	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES			e as#13
N	18 CAUSE OF DEATH (Enter or	220-09-	-9463 James L. (	Osborne Sam	"APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CAUSE  1629 IMMEDIA'  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	TE CAUSE (o)	0000	ma or lun ad end made	gens Himules 198 april 198 1 years
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION C	GIVEN IN PART 110
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM )	8 PART 1 OR PART 2)
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	PARM, ETC.) 216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that XI (this haspi sow the deceased alive an above. (II) (www.did) (dydyso	6110108	ond that in (my) (XX opinion	deoth occurred on the date and h	nour and from the couses stated
	27b. SIGNATURE Milas	ciana de La	DEGREE  M.D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	22c. DATE SIGNED
	22d PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDŘESS	v	

DHMH - 16 50M 1/81 (VRA 15, 4)

June 14,1983 Rest Haven Cem. Hargerstown Wash. 23a BURIAL, CREMATION, REMOVAL Md STATE Burial 24 FUNERAL DIRECTOR

Funeral Chape Tokes Inc.

AND THE PROPERTY OF THE PARTY O Caroli II gallycasioli and a service and a s ONVISORS ACCORDED TO A STATE OF THE PROPERTY OF THE PARTY That same curreded of seems one-cu-ors The first of the same of the same The Assertations were treated to the light of the control of the c Delical Control State of Little

		1-	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE S  CERTIFICATE OF DEATH  REG. NO.  MIDDLE LAST TO DATE OF DEATH MONTH A							7 1 3 7	
me			CEASED NAME FIRST	Von	MIDDLE			26. DATE OF DEATH	MONTH DAY	5 83 2b. HC	UR	
den		3. SE.	Mary	Va.II	Liew	S. DATE C	SONS	6. AGE (IN YEARS LAST BIR	6/2	UNDER I YEAR IF UND	301	
10			emale	White		MONTH		96		THE DAYS HOURS		
M	be	7s. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	F DEATH		
ded within	90	10. C	TY OR TOWN OF DEATH	11. NAME OF		G HOME ( ADDRESS)  NG HO	OR OTHER INSTITUTION	Washing 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF NUTSE)	ON	126. KIND OF BUSINDUSTRY Hospital	VESS	
ould be for	35	050/ 130. S	JATE 13b. CQUI	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY WASh. Hagerstown YES NO			13, STREET ADDRESS 147 W. Washington St., 21740					
and 2 sh and 2 sh and 2 sh	11		THER'S NAME  FREST  Edgar	MIDDLE H.	Parson	s	15. MOTHER'S MAIDEN NA FIRST Lizzie			Thrall		
Popes 1	160. WAS DECEASED EVER (YES, NO OR UNKNOWN) NO			MED FORCES? /E WAR OR DATES)	16b. SOCIAL SECU 577-05-2		Dr. Robert V	.L. Campbel		erstown. 1	Md.	
s been signed by the attendir rmt. Then please remove cart prior ta burial, crematian, or ony injury, or other traumatia	5	CERTIFICATION	Conditions, if only, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  196. DATE OF OPERATION	(c)CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, V	VERE FINDINGS US	ED ATH?	
nsit per rgiene shows	4	RTIF		7 216. TIME C	DE INDUSTRY		Tat. How himby occur	YES NO	YES {	ON		
fico tror 1 Hy	9	MEDICAL CE	216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (# EITHER, NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED	HOUR A P 21e. PLACE		19	216 HOW INJURY OCCUR	CITY OR TO		COUNTY	Stat	
the burial-transit and Mental Hygie ked ar Item 18 shov		*	WHILE NOT WHILE									
L DIRECTOR: After this stacked for use as the be Dept. of Health and the Them 21 is marked a		W	226. 1 certify that (1) this hosp saw the deceased alive or above (1) we) did (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE CONTROLL)	Vh C	amp be	3 (,0	22e ADDRESS	MEDICAL STA	ete and hour o	22c. DATE SIGNE	stot	
RAL DIRECTOR: After this detached for use as the bate Dept. of Health and I NT: If them 21 is marked a		230. [	226.1 certify that (1) this hosp sow the deceased alive or above (1) we'ldid (did no 226. SIGNATURE	Vh C OR PRINT) Impbell 23b DATE	y other death.	QQ HAME OF C	DEGREE ATTENDING PHYSICIAN [	MEDICAL STALE DIRECTOR PHYSIC	FF CIAN   Hagers	22c. DATE SIGNE	stote	

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## STATE OF MARYLAND

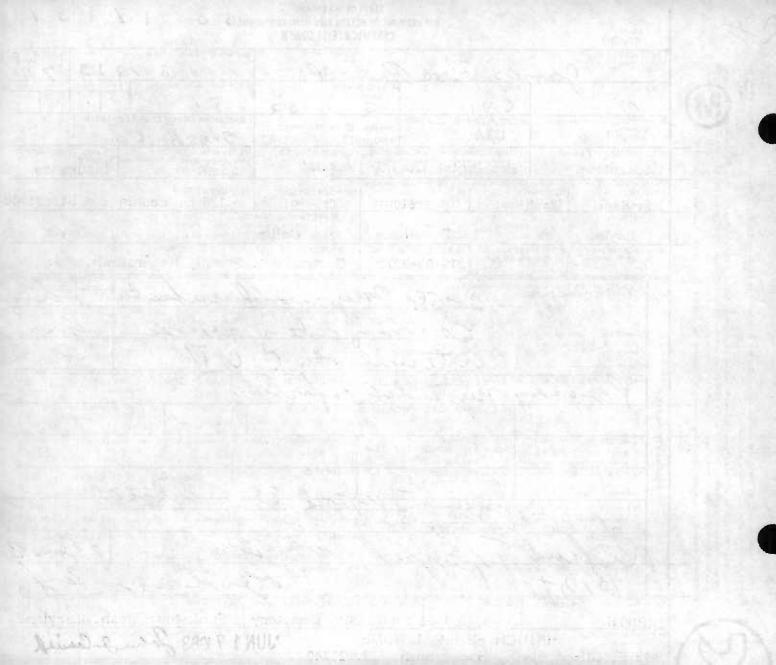
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

State	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE S  CERTIFICATE OF DEATH  REG. NO.								
	I. DECEASED NAME FIRST		WIDDLE		351	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
	( ) (P)	HAROLD	н.		PTTTS	06	18 83 Pres A.		
	3. SE		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
		MALE	WHITE	01	07 YEAR 05	78	MONTHS DATS HOURS MIN.		
57	7a. B		76 CITIZEN OF WHAT COUN	TRY? 8		9 BALTIMORE CITY OR COUN			
10	,	N. CAROLINA U.		MARRIED NEVER MARRIED WIDOWE, DIVORCED W		Washington	Washington County MD.		
2	10 CITY OR TOWN OF PEATH 11. NAME OF			OSPITAL, NURSING HOME OR OTHER INSTITUTION		12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR		
3//	I	HAGERSTOWN	(IF NOT IN SUCH FACILITY, GIVE: Western Maryl			(TYPE OF WORK FOR MOST OF WORKING WEAVER	G LIFE) INDUSTRY TEXTILE		
a comment		TAL RE IDENCE (IF NURSING HOME OR STATE NO COUN	OTHER INSTITUTION GIVE RESIDENCE TY 13c, CITY OR BALTI	BEFORE ADMISSION) TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	AVENUE, 21229		
an a	14 F	ATHER'S NAME			15 MOTHER'S MAIDEN NA	AME	, , , , , , , , , , , , , , , , , , , ,		
L A		WILLIAM	H. PIT		MARY	MIDDLE G.	MOORE		
0		WAS DECEASED EVER IN U.S. ARA		ED FORCES? 166 SOCIAL SECURITY NO.		ADDRESS	21229		
N. B	_ (	YES NO OR UNKNOWN) (IF YES, GIVE UNKN		NAR OR DATES)		ROBERT H. BYERS	3501 COOLIDGE AV		
hows any injury, ar other traumatic event, the	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT C	DBY: E CAUSE (D)  DUE TO, OR AS A CONS  (C)  ONDITIONS CONTRIBUTING	EQUENCE OF EQUENCE OF COLOREST BUT	n was performed	200 AUTOPSY? 206 IFY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  OF THE PROVINCE		
0 C		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM !	(8 PART I OR PART 2)		
He H	SAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
morked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
MPORTANT: If Item 21 is mo	220.1 certify that (X (this hospital) attended the deceased from								
Σ-	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	0121760		
1		BURIAL	06-23-83		JDON PARK	BALTIMORE CI			
81		UNERAL DIRECTOR  UBBÄRD FUNERAL H	IOME, INC. 410	7 WILKE		TE REC'D, BY REGISTRAR 256 R/G	STRAP'S SON COMMENT		

BP. DHMH - 16 50M 1/8 (VRA 15, 4)

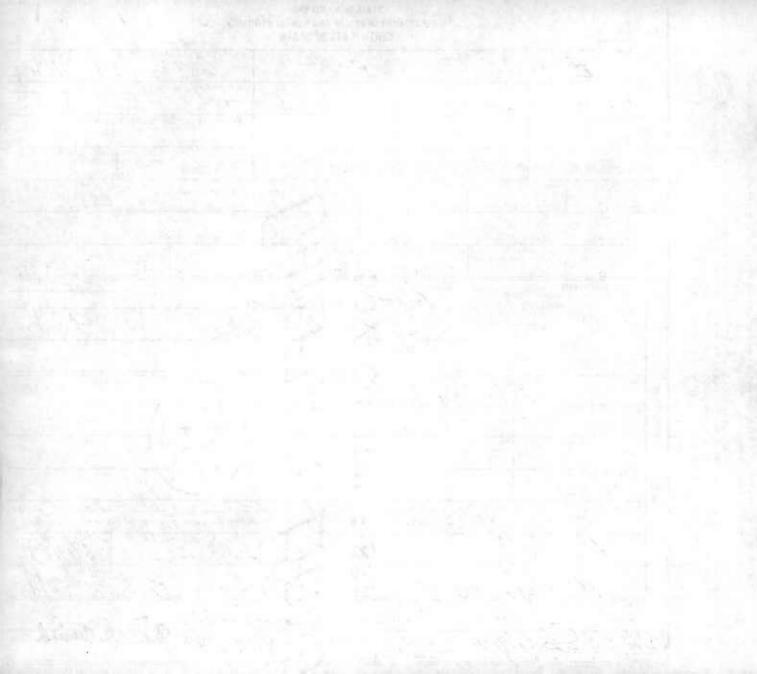
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CALAD IN			EVA		Rae	PF	RYOR	LAST				VXX MONT		Zb. HOUR
N STATE		10000		S. DATE OF BIRTH	YEAR 931	LAST BIRTHDA	Y) MONTH		IF UNDER	24 HRS. MIN.	2c. DATE PRONOUNCED DEAD			2d. HOUR 3: 11A
CESS MERAL PRESTO	To Bt	RTHPLACE (ST.		76. CITIZEN OF WH			8. MARRI					Y OR COU	NTY OF DEAT	н
SHE AGE	10. CI Ha	agersto	Wn	11. NAME OF HOSE UF NOT IN SUCH FACE Washing	on C	O. HOS	or oth	ER INSTITUT		12a. USL	Washing Dal occupation	ON_CO	Hospi	DE BUSINESS DUSTRY
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ES 1, 2, 1, 1, 1, 1, 2, 1, 2, 3, 3, 4, 1, 2, 5, 4, 1,	14. FA	THER'S NAME Homer		MIDDLE	кі	ine		FI	IRST	N NAME	MIDDLE		Bro	wn
AFTER D	16a. V (YI	VAS DECEASED	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)						rd C.			burg,	Md.
5 Z Q Z Z Z	7	PARTIDE/ 8/2 Canditian gave risi	IMMEDIAT  s, if any, which to immediate	DBY: E CAUSE (a) MUL 1  DUE TO, OR (b)	riple AS A CON	Injur ISEOUENCE C	)F						APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
PENDING" IN PRENDING" IN PRENDING" IN PRENDING EXAL OF AS A BURIAL FEALTH AND ME CREMATION, CREMATI	NTION	PART 2 OTHER SIG	NIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH B	UT NOT RELA	TED TO THE TERMI	NAL OISEASI			R\$ 1 (a).			20 AUTC	McV2
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G THE V TO THE HOULD ARTME	ICAL CE	UNDERLYING CONTRIBUTIN	<b>ØX</b> OR IG □ CAUSE OF D	59:45PN P.M.	⁄монтн 6−1	6-84	dı	river			-		PART 2)	
HIS CER WRITIN VARDED AGE 3 S AGE 3 S	MED	WHILE AT WORK		STREET, FACTO	DRY, FARM, E				of H	lager	stown, Wa	ash.,C	Co., Mar	yland
FICATION FROM THE FORT THE FOR				- Francis			cide 🗌	, Hamic	PECIFY)	Undet		].		83
O MEDI XECUTE AGE 4 O FUNE FTER DE		(TYPE OR PRIN	II)Mar	garita A.										
BP	(5	PECIFY) Du			33 Sm	ithsbu	rg Ce	R CREMATO emeter	y y	Sm	ithsburg,			STATE
DHMH - 17 (VR A15 ME (5))	24 FL	NAME	emeral i	lome, Smit	hsbu	rg, Md.	,217	83	JUN	121	1983 P	EGISTRAD	SIGNATURE	A
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NE PAGE 4 SHOULD BE CREWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR THE PUBLIC PROPERTY. PROPERTY PRINTING THE STATE SHOULD BE USED AS A BURIAL. TRANSITY PRINTING THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. BANTIMORE, MARYLAND, 21 20 DRIRIAL, CREMATION, OR REMOVAL.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY RESERVED TO THE CHIEF WORD "PENDING" IN PENCIL IN 176M 18. GIVE PAGE 1, 2, AND 31 OTHE FUNERAL DIRECTOR. PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR RESTORMENT OF ENDING WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR RESTORMENT OF ENDING WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR RESTORMENT OF HEATTH AND MENTAL HYGIENE, DIVISION OF WITH IN 176 FOR YOUR RESTORMENT OF HEATTH AND MENTAL HYGIENE, DIVISION OF WITH RESTORMENT OF HEATTH AND MENTAL HYGIENE, DIVISION OF WITH RESTORMENT OF THE CORDS, 201 W. PRESTORMENT OF THE CORDS AND TH	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY ONE OF A SHOULD BE FORWARDED TO THE FUNERAL DIRECTOR: PAGE 3 SHOULD BE FORWARDED TO THE FUNERAL DIRECTOR: PAGE 3 SHOULD BE FILED. WITHIN 10 THE FUNERAL DIRECTOR: PAGE 3 SHOULD BE FILED. WITHIN 10 THE FUNERAL DIRECTOR: PAGE 3 SHOULD BE FILED. WITHIN 10 THE STATE DEPARTMENT OF HEAVING WITH FORM PAGE 3 FOR DIAGRAPH AND SHOULD BE FILED. WITHIN 10 THE STATE DEPARTMENT OF HEAVING PROPERTY. WITH THE STATE DEPARTMENT OF HEAVING PROPERTY. WITHIN 10 THE STATE DEPARTMENT OF HEAVING PR	TO TONNERS. THIS CERTIFICATE, WRITING THE CERTIFICATE AND THE CERTIFICATE WRITING THE COUNTY OF THE CERTIFICATE WRITING THE CENTRAL THE CENTRAL THE COLUMN THE CENTRAL THE COLUMN THE CENTRAL THE COLUMN THE CENTRAL THE COLUMN THE COLUMN THE CENTRAL THE COLUMN TH	RECOILENT RECOILENT FROM PRINT)  STATE REGISTARR  DECEASED NAME (TYPE OR PRINT)  EVA  3. SEX  4. RACE  Female white Nov. 9, 1  76. BIRTHPLACE (STATE OR PRINT)  77. B	TOTAL TRANSPORT OF BIRTH PLACE (TYPE OR PRINT)  1. DECEASED NAME (TYPE OR	FOR   STATE   REGISTAR   MEDICAL EXAMINI   TO STATE   REGISTAR   REGISTAR   MEDICAL EXAMINI   TO STATE   REGISTAR   REG	TO STATE REGISTRAR  1. DECEASED MAME (1983)  1. DECEASED MAME (1983)  1. DECEASED MAME (1983)  EVA Race PRYOR  Rae PRYOR  Rae PRYOR  1. DECEASED MAME (1983)  I. DECEASED M	DEPARTMENT OF HEALTH AND MI MEDICAL EXAMINER'S CERTIFIC  1. STATE REGISTRAN  EVA  Rae PRYOR  Recistran  EVA  Rae PRYOR  Formale  Formale	STATE   REGISTRAR   REDICAL EXAMINER'S CERTIFICATE OF REGISTRAR   REGISTRAR	FOR   STATE   STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  RECONTROL  INCOMENDATION  INC	DEPARTMENT OF HEALTH AND MENTAL HYGENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGIND  REGIN	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  RIGHT NOT SERVED AND CONTROL OF SERVED AND CONTROL

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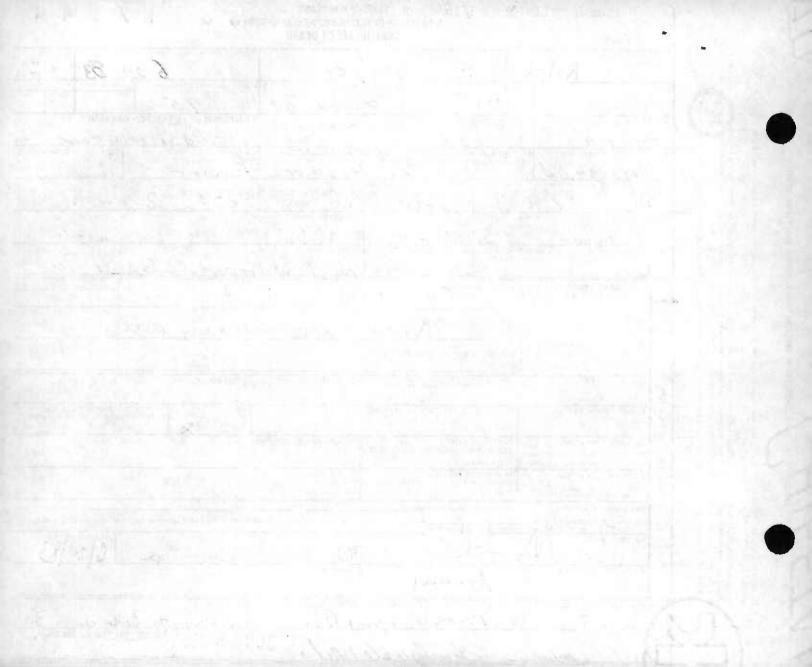
STATE OF MARYLAND

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3		1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	reg. No.	7 1 4 3
(n)	10		CEASED NAME FIRST	MIDDLE	LAST A	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
2	1)	(TYP)	Phillir	N.	Sallas	June 12.	1983 "
moy		3. SE	T.	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		Ma	ale	White	Dec. 10 1890	92 YRS	MONTHS DATS HOOKS MIN.
Poge of direct	617	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
deoth.	9/	Go	reege	U.S.A.	WIDOWED DIVORCED	Washington	
ofter of	27	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION  EET ADDRESS)	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	176. KIND OF BUSINESS OR
	9/	He	agerstown	Washington C	ounty Hospital	Asst. Manage	r Restrurant
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Z 0 = 3		_		ington Hager			ngton Street
MARYLA ed within mpletely f		14. F7	ATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN N	WIDDLE	LAST
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	9			W I 214-09		son 247 N. Mul	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRES	troum		gove rise to immediate	(6)			
¥ 4 7 7 8	othe		underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF		
201 es th	uriol , or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
RDS,	d of und	NO					
RECORDS,		CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	8 2	F		0 64 75			YES NO
DIVISION OF VITAL  NG PHYSICIAN: The catending physicion ther this certificate has	T &		210. ACCIDENT WAS UNDERLYING		DAY YEAR 216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
IOF ICIA ig pl	He He	CAL	OR CONTRIBUTING CAUSE OF DE	A111	19		
IVISION OF VII	d we	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	E. FARM, ETC 1 STREET	CITY OR TOWN	COUNTY STATE
OVISION OF THE	olth ond morked	~	WHILE NOT WHILE AT WORK		0 11 0	, / / =	82
00 4 9	Heolth is mort			ital) attended the deceased from	V 1	) to 0 - 1 /	, 19 1 , that (I) (we) lost
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the ho	Dept If Iten		22b. SIGNATURE	Pan.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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			BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
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	1.	Item 4 Fil	m G583 9/16/83 DEPAR	TMENT OF HEALTH AND MENTAL HYC	GIENE 8 3	1716	4
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d within glendy i	14.EA	THER'S NAME FIRST	MIDDLE SI I LAST	15. MOTHER'S MAIDEN NA	ME	LAST	<i>(</i> ;
ond com Pages 1 o		(IF YES, GI	RMED FORCES? 16b. SOCIAL SE VE WAR OR DATES)	CURITY NO. 17 INFORMANT	ADDRESS I-for 20#2		)a.
hor the death certifice by the attending phy ose remove custoning of cemedia, ar rema- r other traumotic event		PART I. DEATH WAS CAUSI  MMMEDIA  Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUE.	rtenoscleone G	rest relivuescula a	lisase	
NG PHYSICIAN: The law requires the oftending physician.  Ifter this certificate has been signed be as the burial-transit permit. Then pleas the burial-transit permit is burial, the and Mental Hygiene prior to burial, orked ar frem 18 shows any injury, or a contract of the burial orked ar frem 18 shows any injury, or a contract of the burial.	CERTIFICATION	PART 2. OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 2	Ob. IF YES, WERE FINDING N CERTIFYING CAUSES O	F DEATH?
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R ATTEN hospitol RECTOR ned for u	21 is		sow the deceased alive a	n 24 34 4	_19_ <u>£3_</u> , o	nd than in (my) (our) opinion	death occurred on the date	and hour and from the causes stated
OR A e hos ched ched Dept.	E B	10	22b. SIGNATURE			DEGREE		221. DATE SIGNED
Al D Al D ate D ate D	THE SEC		0	- Jan	e v	ATTENDING PHYSICIAN	MEDICAL STAFF	26 June 1983
SPIT A by	Z .		224. PHYSICIAN'S NAME (THE	-OK PENNIN		22e ADDRESS		1 1
TO HOSPITAL OR ATTEND retoined by the hospital or TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Heo	MPORTANT		W.M.	1-ends		138上人	ntretam St	CM must grap of
of of State	3		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	L COUNTY STATE
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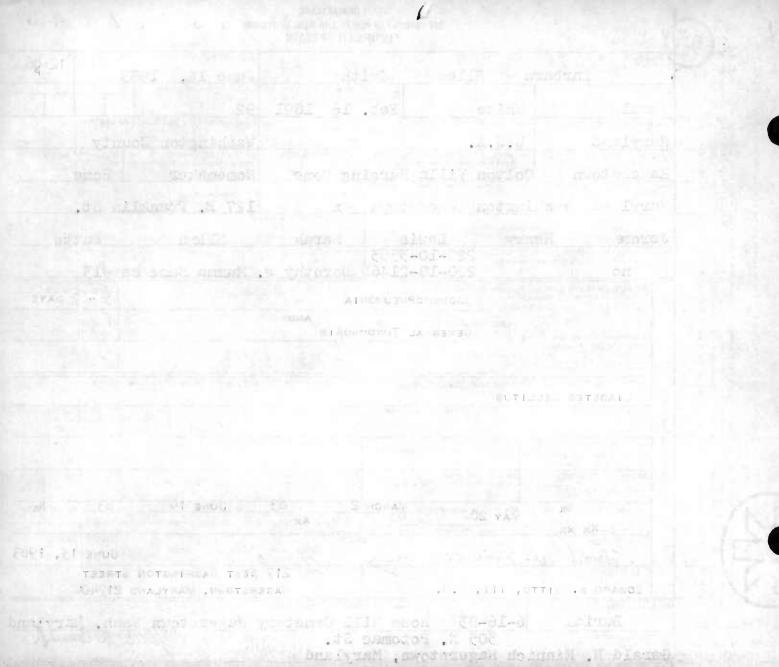
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7	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
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- to +p +7	9	lagerstown	(IF NOT IN SUCH FACILITY, GIVE STREET  Washington Co	(ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING SUPERVISOR	12b. KIND OF BUSINESS OR INDUSTRY  Lime Co.
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	14	Charles	Eugene Simp	son Mary	Catherine	Hane
BALTIMORE, cote be executed by sicion and copers. Pages I wol. wit, the medical		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 220-09-7		Simpson, Keedys	ville, Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  NG PHYSICIAN: The law requires that the death certificate this certification.  first his certificate has been signed by the attending post the build-transit permit. Then please remove corbang that the build-transit permit. Then please remove corbang and memoral Hygiene prior to build, cremotion, or removed or them 18 shows any injury, ar other traumatic events.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ENCE OF	0.0	
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TALRECO	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES \( \bigcap \) NO \( \bigcap \)
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PITAL OR A by the has by the has lERAL DIREC se detached State Dept.	1	22b. SIGNATURE	1. Masse		MEDICAL STAFF DIRECTOR   PHYSICIAN	6/15/83
TO HOSPITAL TO FUNERAL should be det with the State		JOHN RIVER	MARSH, R	1. D. 22e. ADDRESS 239 N HAGE	Poromine	D
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STATE OF MAKTLAND

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(VRA 15, 4)



H	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 7 1 4 9  CERTIFICATE OF DEATH  REG. NO.							
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e 4 moy ctar, pog s after de	3. SE	M ale	* RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	MONTHS DATS HOURS MIN.				
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and 2 s	14. F	ATHER'S NAME FIRST ROY	C. Smith	15. MOTHER'S MAIDEN NA	MIDDLE II	Cine				
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ge 4 mo	3. SE	emale	4. RACE white	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY)  69  YRS	MONTHS DAYS	HOURS MIN.
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	N	ew Jersey	USA	WIDOW				MD.
by the filed		illiamsport	11. NAME OF HOSPITA  (IF NOT IN SUCH FACILITY,  Homewood	GIVE STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
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thin 2 sho		THER'S NAME			15. MOTHER'S MAIDEN N.	AME	TTCC La	110 21733
ed within 24 I	2	William	J. Mai	rshall	Mary	Etta	Wood	ruff
n ond co		AS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	CIAL SECURITY NO.	17 INFORMANT	ADDRESS		
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(VRA 15, 4)	4	15 E. Wilson B	Ivd., Hager	stown, Mo	1.21740	1 1 3 1983 John	~0	

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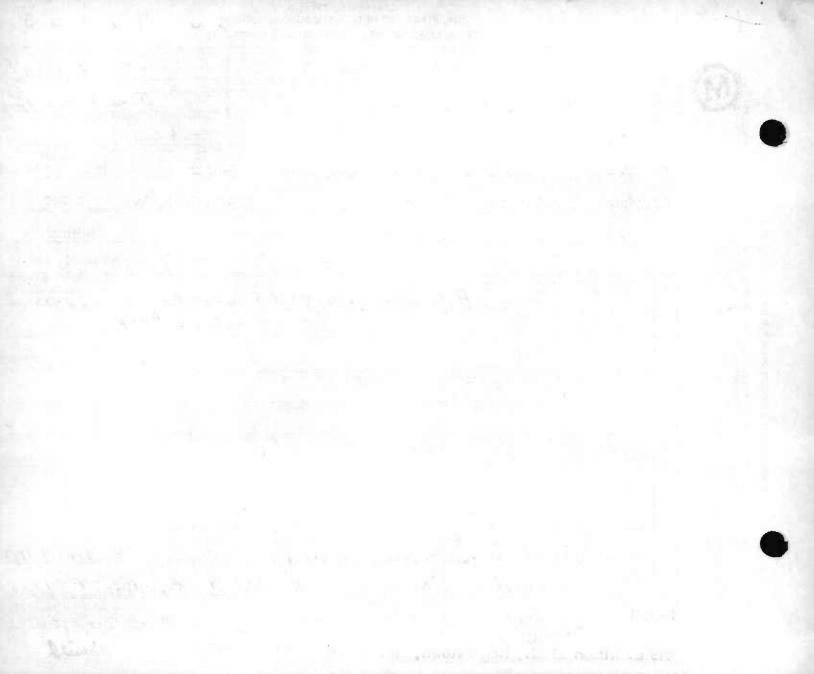
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18. FATHER'S NAME   Paul   18. FATHER'S NAME	hed we	10. C			(IF NOT IN SUCI	H FACILITY, GIVE ST	REET ADDRESS)		IIUIION	(TYPE OF WORK FO	R MOST OF WORKING	LIFE) INDUSTRY	
It FATHER'S NAME	de be in	USU. 13g. S	STATE 1	3b. COUNTY		13c. CITY OR T	OWN						01700
Paul Edgar Smith    New Wast Deceased ever in U. Sawade Dorces?   164 Social Security No.   17 In Formant   ADDRESS   164 Wast Deceased ever in U. Sawade Dorces?   164 Social Security No.   17 In Formant   ADDRESS   Mary E.Smith (item 13 above)	10	_		Washin	gton	Sharps	burg				7		21/82
Test of the property of the	and 3		Pau1				th					Marma	aduke
PART I. DEATH WAS CAUSED BY    MMEDIATE CAUSE 10	- Poges	16a. V	VAS DECEASED EVER IT YES, NO OR UNKNOWN) Yes							(item			
DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost.    Out to, OR AS A CONSEQUENCE OF Country of the underlying couse lost.   (a)	hysicia poper ovol. rnt, th		18 CAUSE OF DEATH	Enter only o	one couse per	line for (a), (b)	, and (cl.)	0.5			1-	BETWEEN	ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TODEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  196. DATE OF OPERATION  197. DATE OF OPERATI			2001	MMEDIATE C			Ca	rage.	- 0	orr	1		
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WHILE AT WORK	icote la ronsit Hygie 18 sho		OR CONTRIBUTING CA	LUSE OF DEATH	HOUR A.	M. MONTH		21c. HOW IN	JURY OCCURE				NO []
sow the deceased alive an obove, (I) (we) (did) (did not) view the body ofter death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  22c. DATE SIGNED		MEDIC	21d. INJURY OCCURRE	D E	21e. PLACE C	OF INJURY			DN	C	ITY OR TOWN	COUNTY	STATE
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN  220. DATE SIGNED  221. DATE SIGNED  222. DATE SIGNED  222. DATE SIGNED  223. BURIAL CREMATION, REMOVAL 230. DATE  233. BURIAL CREMATION, REMOVAL 230. DATE  234. CEMERITY  235. CEMERITY  236. COUNTY  STATE  237. NAME OF CEMERERY OR CREMATORY  236. CEMERITY  237. NAME OF CEMERERY OR CREMATORY  238. CEMERITY  238. COUNTY  STATE  239. COUNTY  STATE  230. COUNTY  COUNTY  STATE  230. COUNTY  C	R: Aft. use os leolth is mor		220.1 certify that (I) (	this hospitol)	ottended the	e deceased fro							that (I) (we) lost
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE.	d for t. of h		obove, (I) (we) (di	d ofive on d) (did not) v	rew the body	ofter death.			(our) opinion	death occurred o	n the date and h		
236. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE.	At DIRE		22b. SIGNATURE	0	Lh-		9	1 a A			STAFF PHYSICIAN	ZZC. DATE	SIGNED
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE.	ould be only b		22d. PHYSICIAN'S NAI	ME (TYPE OR PR	M +	AHEE	Dung	120. ADDRES	DAK	Hill	NE.	HAG.	1492174
P   Burial   June /.1903 Legar Lawn Mem.rark   Hagerstown.washington.maryi		23a.	CDECIEVY							0.574.00		COUNTY	Ma STATE
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'25b. REGISTRAR'S SIGNATURE	·——	24 F			June /	, 1903	edar La	wn mem					
- 16 50M 4/82 RA 15, 4)  Major M. Osborne Williamsport, MD  JUN 1 3 1983			NAME	orne	Will	i ams por	t.MD		10	N 1 3 10	33 2		

Secretarian Company of the Company o

0	1.	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	TGIENE 8 3	17	152
nay be page 3 er death			vard	Winter		OWERS	June 1, 19		EAR 26 HOUR
offe offe	3. SE	x nale	4 RACE White	•	5. DATE O	9, 1914 YEAR	6. AGE (IN YEARS LAST BIRTH		YEAR IFUNDER 24 HRS. DAYS HOURS MIN.
depth. Page	1	IRTHPLACE (STATE OR FORE COUNTRY)  Maryland	USA	WHAT COUNTRY	(? 8.	NEVER MARRIED	9. BALTIMORE CITY OF Washing	COUNTY OF DEAT	TH MD.
offer of	J	ity or town of death lagerstown	917 C	Guilford	Avenu	R OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Clerk	WORKING LIFE) INDUS	IND OF BUSINESS OR STRY I road
hin 24 hour ly filled in should be	٨	Maryland V	HOME OR OTHER INSTITUTION COUNTY Vashington	13c. CITY OR TO Hagers		13d. INSIDE CITY LIMITS? YES 🕱 NO 🗌	917 Guilfo	rd Avenu	ie 21740
omplete		Jacob	Frederick			15. MOTHER'S MAIDEN N	Florence		Needy
be execu	- (	VAS DECEASED EVER IN YES NO OR UNKNOWN) (1	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	214-09-		Bonnie S.	Lizer, Willian	nsport, M	Id.
equires that the death certificate be in signed by the attending physicia. Then please remave carbonpapers rio burial, cremation, or removal. injury, or other traumatic event, the	NOI	4960 Conditions, if any, w gove rise to immed cause (a), stoting	CAUSED BY:  MEDIATE CAUSE (o)  DUE TO, ( hich (b) hich (b) the lost. (c)  CANT CONDITIONS C	PROJECTE CONSEQUENCE OF AS A CONSEQUENCE OF AS	UENCE OF	ructive pur	MENANS DISE	ASC Y	CODEN
iction.  The law reliction.  It has been as permit.  Glene prior	CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY	-	OF INJURY	H OPERATIO	WAS PERFORMED	YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	USES OF DEATH?
ING PHYSICIAN: The rate and ing physicion of the buriol-transit is and Mental Hygie orked or tem. 18 shourded or tem.	MEDICAL C	OR CONTRIBUTING CAN (IF EITHER, NOTIFY MEDICAL E  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	EXAMINER) HOUR A		19 E. FARM, ETC )	21f LOCATION STREET	CITY OR TOW	N COUN	TY STATE
ATTENDII sspitol or ICTOR: A d for use i. of Healing		220.1 certify that 1) the saw the deceased a above, (I) we (did)	is haspital) attended to five an	he deceosed fram 19 y after death.	83 , or		, ta 6-01-	te and haur and fran	
ITAL OR by the horse DIRE Act DIRE of the Depth of The De		22b. SIGNATURE	1	grigiène.	MI		DIRECTOR PHYSICI	AN C	DATE SIGNED
O HOSPITAL string by the TTO FUNERAL I TO FUNERAL I Should be deto with the Store I MPORTANI; III		3 90 Ay M	. Cotten				E. ANTIETT		
BP	k	BURIAL, CREMATION, REA (SPECIFY) OUTIAL UNERAL DIRECTOR A.A.	June	4,1983 F	Rose H	ill Cemetery	Hagersto		.,Maryland
DHMH - 16 50M 1/81 (VRA 15, 4)		115 E. Wilson	INNICH FL n Blvd., H	JNERAL lagerstov	HOME vn, Mc	. 21740 230 J	UN 7 1983	N REGISTRAR'S SIC	takely

MARKET SHEET STREET, S WIT HE Sing Chief

1-	FOR STATE	AAI	STATE DEPARTMENT OF HE EDICAL EXAMINES		EDEATH	17153
	REGISTRAR ECEASED NAME PE OR PRINT)  Ki	effer	WIDDLE	ESSARD	20. DATE KNOWN OF ESTI- DEATH MATED	=- 15
	ile wh	Ivid y II,	YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER MONTHS DAYS HOURS	MIN: PRONOUNCED DEAD	June & 1953 730
Ma	SIRTHPLACE (STATE OR OREIGN COUNTRY)  I ryland  IITY OR TOWN OF DEAT	USA		MARRIED NEVER MARRI	ED 🔲	
0 14	agerstown	(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)  ton County Ho		FOR MOST OF WORKING LIFE) farmer	or INDUSTRY self-employed
7 13a. S M	STATE 13	Вы соинту Washington	Hagerstown	13d. INSIDE CITY LIMITS? YES X NO   15. MOTHER'S MAIDE		Avenue 21740
160.	Melvin WAS DECEASED EVER IN		Spessard 166. SOCIAL SECURITY N	Georgi  D. 17. INFORMANT	ana ADDR	
PERMIT. PAGES I AND 2 SHOULD BEF PERMIT. PAGES I AND 2 SHOULD BEF SIENE, DIVISION OF WITAL RECORDS, S. VAL.  3 'PI  4 'PI  4 'PI  5 'PI  6 'PI  7 'PI  7 'PI  14 'PI  15 'PI  16 'PI  17 'PI  17 'PI  18 'PI  19 'PI  19 'PI  10 'PI  10 'PI  10 'PI  11 'PI  11 'PI  12 'PI  13 'PI  14 'PI  15 'PI  16 'PI  16 'PI  17 'PI  18 'PI  18 'PI  19 'PI  19 'PI  10 'PI	No	(Enter anly ane cause per lin	( ) ( ) ( ) ( ) ( )	Mrs. Glad	ys I. Ramsey,	Hagerstown, Md.
AL, CREMATION, OR REMOVAL.	Canditians, if an gave rise to in cause (a) stating the lying cause last.	y, which mediate be under-	HAYON LOS CLEAR R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF		Distense to	tyrg
CERTIFICATION	19a. DATE OF OPERAT		ITION FOR WHICH OPERATI	ON WAS PERFORMED?		20 AUTOPSY?  YES \( \square\) NO \( \square\)
MEDICAL CE	210 EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA	HOUR A.	M. MONTH DAY YEAR M. 19		D (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)
MED	21d. INJURY OCCURRE WHILE NOT W AT WORK AT WO	HILE STREET, FA	OF INJURY (AT HOME, CTORY, FARM, ETC.)	1f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220. I certify that I to death resulted from ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)	want and want	escribed abave, held an Accident D, Suicid  O, Wather M	Autopsy , Inspection Hamicide , TITLE (SPECIFY)  M.D. De fict ADDRESS 21 7 W. C	Undetermined manner	DATE June 9, 1863
23a.B	BURIAL, CREMATION, REASPECIEY)		23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24. F	UNERAL DIRECTOR M	INNICH FUNE		25c. DATE F		n, Wash., Maryland EGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be executed within 24 hours after deoth, rage 4 moy stained by the hospital or ottending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral matter page. Though be detached for use as the burial-transit permit. The please remove corbomospers, Pages 1 and 2 should be filled within 77 with please remove corbomospers.
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(VRA 15, 4)

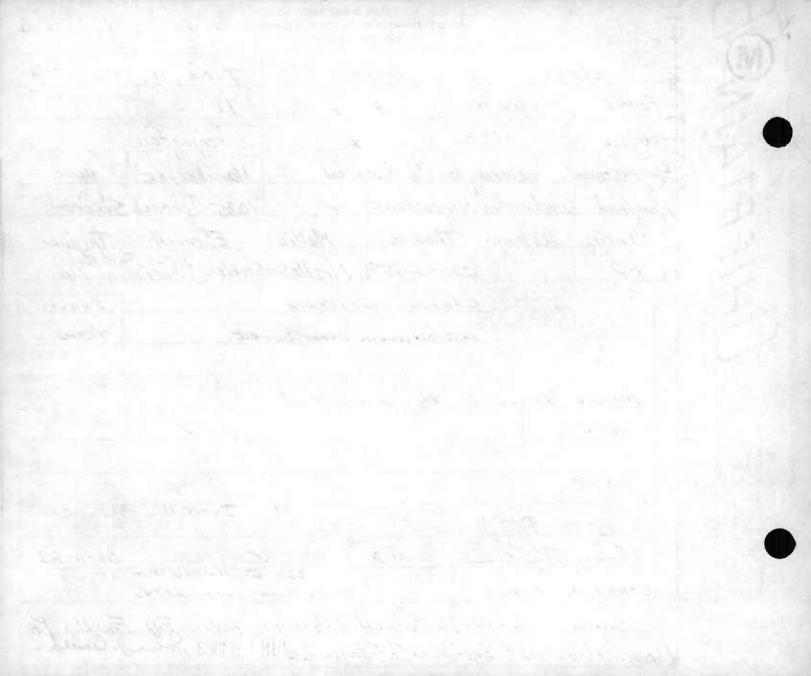
	1.	FOR STATE			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG	IENE 8 3	1	7 1 5
		REGISTRAR					ICATE OF DEATH	REG. NO		
		CEASED NAME		Aureli			AST	20. DATE OF DEATH	MONTH DA	20 1100
	2 6 5 7		VCE		(Kerrig	an)	STINSON	6. AGE   IN YEARS LAST BIR	6-1	6-83 11
3. SEX		emale				Apri		80	MC	ONTHS DAYS HOURS
U.	7a. BI	RTHPLACE (STATE OR FO	REIGN 76		WHAT COUNTRY?	Α.		9. BALTIMORE CITY O	R COUNTY C	OF DEATH
55	M	aryland	-	U. S.	A.	WIDOW	D NEVER MARRIED D	Washington	Count	y
14	10. CITY OR TOWN OF DEATH Hagerstown		1	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Washington County H		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE		12b. KIND OF BUSINES INDUSTRY Own House	
75	USU A	L RESIDENCE (IF NURSIN TATE	Showe or of Sh COUNTY Adam	THER INSTITUTION	Gettysbu	ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 720 Bullfr		99999
	14. FA	THER'S NAME	an if				15. MOTHER'S MAIDEN NAME			LACT
10/	Ja	ames	Mau	urice Kerrigan Margan			Margaret	et Rosensteel		
	160. WAS DECEASED EVER IN		HE YES GIVE WAR OR DATES)			Frances Bittle - 720 Bullfrog Rd.				
1	<u> </u>	(IF YES, GIV		217-32-7199A					APPROXIMATE INTER	
injury, or ather traumatic	CERTIFICATION	Canditians, if any, gove rise to imme cause (a), storing underlying cause	the lost.	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERMI	inal disease or coni	DITION GIVER	N IN PART 1/0
ouy ii		190. DATE OF OPERATION	ON	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FIND		
	TIFIC	_						YES NO	YES	NG CAUSES OF DEAT
		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH		OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	T 1 OR PART 2)
rked per	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	E 🗆		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	2H LOCATION STREET	CITY OR TO	wn	COUNTY S
. If Nem 21 is mo		220.1 certify that (1) (1) sow the deceased above, (1) (see) (characteristics)	alive on	6-16	19	<b>43</b> , o	nd that in (my) (ever) apinion of DEGREE  ATTENDING	MEDICAL _ STAF	ate and hour o	22c. DATE SIGNED
MPORTANT		THE PERSICIAN S NAM	ANS NAME (TYPE OR PRINT)  LISENT,		THAL		198 KENLY AVE HACENSTOWN MO			
6		URIAL, CREMATION, RI Secily) Burial	EMOVAL	23b. DATE 20 Ju			emetery or crematory ourg Memorial	Emmi tsbu	rg, Fr	ederick, M
4/82		PERAL DIRECTOR	Skil	20 Ju	ne 83 Em			Emmitsbu		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME UMBERGER 20. DATE KNOWN X MONTH (TYPE OR PRINT) 10 83 WILLIAM GRANT XD MAR CATEXIO (EXEX DEATH MATED JUNE SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1083 DEAD Male Jan. 18, 1923 White 60 Yars JUNE RIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WASHINGTON U.S.A. WIDOWED [ DIVORCED Bedford County IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Hagerstown Washington County Hospital Unknown OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI COUNTY | 134 | NSINE (IIY LIMITS? | 134 STREET ADDRESS | Main Street Franklin Chambersburg Penna. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Arthur Berkey H. Umberger Sarah 14n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 5845 Daybreak Terrace (YES. NO. OR UNKNOWN) 210-18-5410 Arthur D. Umberger Baltimore, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: E814 - PEDESTRAIN STRUCK BY MOTOR VEHICLE A BURIAL - TRAINGH H AND MENTAL HYGIENE HR. IMMEDIATE CAUSE (a) 23 MIN. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which (MULTIPLE MAJOR TRAUMA) gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF JAPRIOR TO BURIA JUNE 9, 1983 OPEN CHEST AND CARDIAC MASSAGE YES [] NO X 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXM. MONTH DAY UNDERLYING X OR PEDESTRAIN WALKING ON HIGHWAY STRUCK BYHICLE 9:29 M JUNE 8 MEDICAL 19 81 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION GREEN TOWNSHIP WHILE AT WORK VILLAGE FAYETTSVILLE. PA. FRANKLING TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH, HE'STA BALTMORE, MARYLAND, 2 Inspection X 22a. I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my apinian Accident X Hamicide death resulted fram Natural causes Suicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER
WEST WASHINGTON STREET ACTUAL DEPUTY SIGNATURE. EXAMINER'S NAME EDWARD W. DITTO, 111, M.D. ADDRESS HAGERSTOWN, MARYLAND 21740 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 1983 COUNSOMErsett Co. Glades U.C. of Christ Cem Near Berlin Pa. Burial June 14 ADDRECH AMBERS SIGNATURE ADDRECH DE LA COLLEGISTRA REGISTRAR'S SIGNATURE ADDRECH DATE REC'D. BY REGISTRAR'S SIGNATURE ADDREC'D. BY REGISTRAR'S SIGNATURE ADDREC'D 24 FUNERAL CHMH - 17 Robert G. Sellers Funeral Home Inc. (VR A15 ME (5)

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itor, page 3 offer death		CEASED NAME FIRST		middle	Valen	line	20. DATE OF DEATH	MONTH DAY	7.58	10 <sub>M</sub>
urs offer o	3. SE	M	1. RACE		MONTH	22, 1909 YEAR	6. AGE (IN THAT EAST OF	MONTH:		HRS.
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34	H	agerstown	Washin	gton Cou	nty Ho	ROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O	DN 121 F WORKING HEET IN D COLE	L KIND OF BUSINESS IN SCHOOLS	OR 3
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e medica		WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (1F Y	S. ARMED FORCES? (ES. GIVE WAR OR DATES)	214-09		Mrs. Kather	ine E. Valer	Rfd. 1	Box 17	<u>d</u>
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shows any	CERTIFICATION	190. DATE OF OPERATION	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?	٠,
Mental Hygi		2)g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX-	OF DEATH HOUR A		DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	R PART 2)	
orked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY ON FOY	10	GUNTY STATE	
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≤	230.	BURIAL, CREMATION, REMO ISPECIFY BURIAL		_		Crek Cemeter	y Beaver	Crek, Wa		ld.
6 50M 4/82		John H. Bast,	Jr. Bo	onsboro;	Maryl	and 21713UN	E REC'D. BY REGISTRAR	26 REGISTRAR'S	SIGNATURE	

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/		STATE REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 2b HOUR			
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	3. SE	× Female	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
E AND W	70. B	IRTHPLACE (STATE OR FOREIGN	White  76. CITIZEN OF WHAT COUNT	Oct. 23 1917	9. BALTIMORE CITY OR COUN				
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274		ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR			
2		agerstown	Washington (	county Hospital	Housewife	Home			
影	13a. M:	aryland Was		OWN 13d. INSIDE CITY LIMITS? Stown YES NO	101 East Ave	21740 mue			
1/		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN I	MIDD1E	LAST			
6/	_	Ernest McC	lelland Bake		Lovella	Mowen			
medico		YES, NO OR UNKNOWN]   IF YES, C	SIVE WAR OR DATES)			112 02			
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ANT: # #em		224. PHYSICIAN'S NAME (TYPE		PHYSICIAN  220 ADDRESS	DIRECTOR PHYSICIAN	0.0.03			
IMPORTANT									
<u> </u>	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE 2	3c. NAME OF CEMETERY OR CREMATOR					
Mader		Burial	6-7-83 R	ose Hill Cemete		Wash. Md.			
/82		UNERAL DIRECTOR	305 N. I	otomac St. 250. D	ATE REC'D. BY REGISTRAR 25 1	ISTRAR'S SIGNATURE			
	G	erald N. Min	nich Hagersto	wn, Maryland	UN 8 1983	mor wasself			

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH I DECEASED NAME Cotherin 2b. HOUR (TYPE OR PRINT) Anna ellingER June 15, 1983 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HR 3 SEX 5. DATE OF BIRTH October 5, 1919 white 63 female 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington Maryland WIDOWED 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Washington County Hospital Hagerstown Premium Store clerk USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13% COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4 Elwood Lane 21740 Washington Hagerstown Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Manious Sarah George Wellinger ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Helen Reed, Hagerstown, Md. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) FPTI CEDILA PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) AS A CONSEQUENCE OF PERFORMING BONEL CONSEQUENCE OF ADENS CERLINOTA of SIGHOLI Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION

19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? LARVE BOUR NOTA 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 21E LOCATION 21d IN JURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. 85 sow the deceased alive on above. It was ideal idea not view the body after feet and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

230. BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME

725 SIGNATURE

23c NAME OF CEMETERY OR CREMATORY

DEGREE

22e. ADDRESS

Long tragon Driva; PALENOSTO

burial

236. DATE

8

June 18, 1983 Rose Hill Cemetery 24. FUNERAL DIRECTORINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

(TYPE OR PRINT)

250. DATE REC'D. BY REGIST JUN 2 0 1983

ATTENDING .

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

STAFF

CITY OR TOWN

Hagerstown Wash, Maryland

415 F. Wilson Blvd., Hagerstown, Md. 21740

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